

Health Risk Behaviors in Douglas County 1998

Douglas County Community Health Improvement Project

Kansas Department of Health and Environment Bureau for Disease Prevention and Health Promotion

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September 1998

Douglas County Community Health Improvement Project

Mission:

Guided by relevant community data and research-based health interventions, develop and implement a plan for Douglas County with established accountabilities for community intervention that will result in a positive change in health outcomes.

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Special recognition is extended to the survey staff who made the 1998 Douglas County Behavioral Risk Factor Survey possible. Their dedication and perseverance resulted in data that are highly representative of health behaviors in Douglas County.

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EXECUTIVE SUMMARY

To determine the behavioral risk factors for chronic diseases and injury in Douglas County, the Douglas County Community Health Improvement Project Leadership Group and Kansas Department of Health and Environment utilized the Behavioral Risk Factor Surveillance System (BRFSS) methodology to conduct a representative, county wide telephone survey of Douglas County residents aged 18 and older. During March and April of 1998, 1,005 Douglas County residents were interviewed to assess their knowledge, attitudes, and health behaviors that contribute to unnecessary disability, disease, and premature death in Douglas County. Highlights from the 1998 Douglas County BRFSS survey are presented below.

Hypertension: Ninety-three percent of Douglas County residents had their blood pressure checked within the past two years. One-seventh (14%) of Douglas County residents had ever been told by a health professional that they had high blood pressure.

High Blood Cholesterol: Two-thirds (66%) of Douglas County residents had ever had their blood cholesterol checked. A quarter (25%) of Douglas County residents who had ever had their blood cholesterol checked reported that they had high blood cholesterol.

Cardiovascular Disease: Four percent of Douglas County residents reported that they had suffered from one or more of the following: heart attack or myocardial infarction, angina or coronary heart disease, stroke, or heart failure.

Diabetes Mellitus: Three percent of Douglas County residents had been told by a doctor that they had diabetes.

Physical Activity: Slightly less than half (48%) of Douglas County residents had sedentary lifestyles, including 16% who did not exercise at all. A quarter (26%) of Douglas County residents exercised the recommended five times a week for thirty minutes each time.

Alcohol Use: A quarter (26%) of Douglas County residents had drunk at least five alcoholic beverages on a single occasion, one or more times during the past month. Seven percent of Douglas County residents reported having sixty or more drinks during the past month. Eight percent of Douglas County residents reported drinking and driving one or more times during the past month.

Safety Belt Use: A third (34%) of Douglas County residents did not always use a safety belt when they drove or rode in an automobile.

Cigarette Use: Less than one-fourth (23%) of Douglas County residents currently smoked cigarettes. One-fifth (19%) of Douglas County residents are former smokers.

Overweight: One-fifth (21%) of Douglas County residents were overweight based on self-reported height and weight.

Dental Health: Three-tenths (29%) of Douglas County residents had not seen a dentist within the last year. More than a third (36%) of Douglas County residents lacked dental coverage. One-fifth (20%) of Douglas County residents needed some kind of dental work.

Injury: Twelve percent of Douglas County residents had suffered an injury serious enough to keep them from doing their regular activities for at least one day during the past twelve months.

Breast Cancer Screening: Less than a fifth (18%) of female Douglas County residents aged 20 and older had not received a recent clinical breast examination. A quarter (25%) of female Douglas County residents aged 40 and older had not received a mammogram within the past two years. A third (33%) of female Douglas County residents aged 50 and older had not received both a clinical breast exam and a mammogram within the past two years.

Cervical Cancer Screening: A tenth (11%) of female Douglas County residents aged 18 and older with a uterine cervix had not received a Pap smear test within the past two years.

Mental Health: Seven percent of Douglas County residents reported feeling sad, blue, or depressed for at least fourteen days during the past thirty days. Sixteen percent of Douglas County residents reported feeling worried, tense, or anxious on fourteen or more days during the last thirty days. A third (31%) of Douglas County residents reported that they did not get enough rest or sleep on at least fourteen days during the past thirty days. Over two-fifths (43%) of Douglas County residents reported that they did not feel very healthy and full of energy for fourteen or more days during the past thirty days.

Activity Limitations: One-sixth (16%) of Douglas County residents had an activity limitation. Three percent of Douglas County residents needed help with routine care needs such as everyday household chores, doing necessary business, shopping or getting around for other purposes. One percent of Douglas County residents needed help with their personal care needs such as eating, bathing, dressing, or getting around the house.

Violence and Crime: Nearly one-fourth (23%) of Douglas County residents were afraid to leave their home at night. Eight percent of Douglas County residents reported having seen a violent crime in their neighborhood during the past year. Sixteen percent of Douglas County residents reported that they had known or seen someone who had been beaten or otherwise hurt by a spouse or partner during the past year.

Immunizations: Among Douglas County residents aged 65 and older, 35% had not received an influenza vaccination during the past 12 months and 52% had never received a pneumonia vaccination.

Smokeless Tobacco Use: Less than a tenth (8%) of male Douglas County residents used smokeless tobacco products.

HIV/AIDS: Five percent of Douglas County residents aged 18 to 64 believed themselves to be at either medium or high risk for contracting the HIV virus. Two-fifths (42%) of Douglas County residents reported they had ever been tested for the HIV virus.

Health Care Coverage and Access to Health Care: A tenth (10%) of Douglas County residents lacked health care coverage. Nine percent of Douglas County residents were unable to see a doctor due to the cost during the past twelve months. A quarter (24%) of Douglas County residents did not have a usual source of health care they went to when they were sick or needed advice about their health.

Hand Washing: Over a quarter (28%) of Douglas County residents did not always wash their hands after using the toilet.

Fire Safety: One-tenth (10%) of Douglas County residents reported that they lacked a working smoke detector in their home.

Preventive Counseling: Douglas County residents were asked about whether they had ever received preventive counseling from a doctor or other health professional. A third (32%) of Douglas County residents had been counseled about their diet and eating habits; 36% had been counseled about physical activity; 16% had been counseled about injury prevention such as safety belt use or smoke detectors; 14% had been counseled about alcohol use; 10% had been counseled about drug abuse; 32% of Douglas County residents who were aged 18 to 64 had been counseled about their sexual practices including family planning and sexually transmitted diseases; and 62% of Douglas County residents who were current smokers had been counseled about smoking cessation.

The Health of Children: Douglas County residents in households with children 0 to 17 years of age were asked a series of questions about the youngest child in the household. Nearly nine-tenths (87%) of children were in excellent or very good health. Four percent of children had an activity limitation due to an impairment or health problem. Eight percent of children were at risk for not getting enough to eat. Four percent of children lacked health care coverage and 3% had been unable to see a doctor due to the cost within the past year. Eighty-seven percent of children had a usual source of health care when they were sick or their parents needed advice about their health. Nine-tenths (89%) of children had seen a doctor for a routine checkup within the past year.

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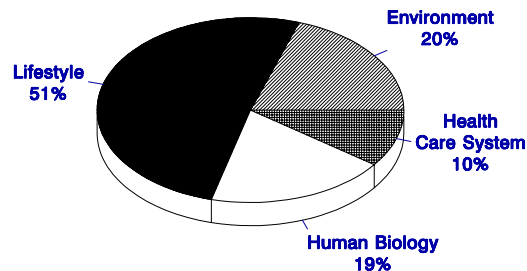
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INTRODUCTION

Every year many Douglas county residents die prematurely or suffer disability from chronic diseases (e.g. cardiovascular disease, cancer, diabetes) and injuries. A substantial portion of the mortality and morbidity caused by chronic disease and injury could be prevented through lifestyle modifications and proper use of preventive health services. Lifestyle behaviors which contribute to chronic diseases include cigarette smoking, physical inactivity, poor eating habits, alcohol misuse, and underutilization of preventive health services. Preventive health services which are underutilized include immunizations, routine checkups, and breast and cervical cancer screenings. It has been estimated that over half of the factors leading to premature death are lifestyle-related (Fig. 1).

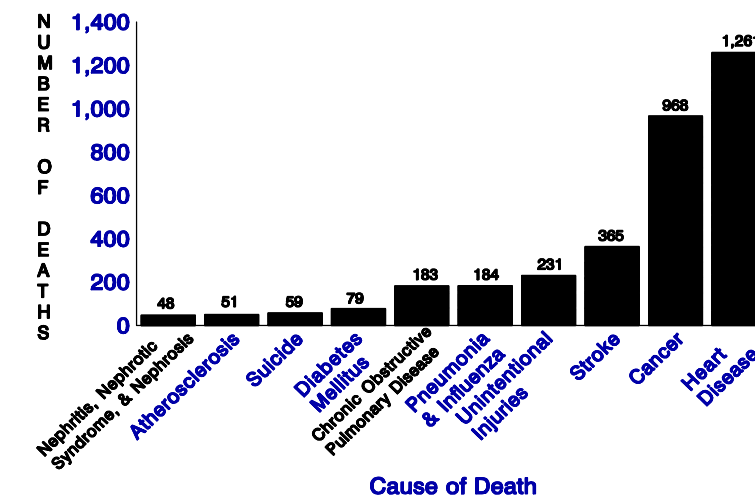
Factors Contributing to Premature Death
(Before Age 75)



Source: Centers for Disease Control, 1990

To effectively lower the rate of premature mortality and morbidity, public health leaders need reliable data to formulate intervention strategies, justify resources to support these strategies, and evaluate the impact of interventions and programs. The 1998 Douglas County BRFSS Survey was designed to assess the behaviors, knowledge, and attitudes that contribute to the leading causes of death (Fig. 2).

Ten Leading Causes of Death in Douglas County 1986-1995



Kansas Vital Statistics

METHODOLOGY

BACKGROUND

The Behavioral Risk Factor Surveillance System (BRFSS) is a national data collection system, coordinated by the Centers for Disease Control and Prevention (CDC), designed to enable public health professionals to assess health risk behaviors known to contribute to or increase the risk of chronic disease, acute illness, injury, disability, and premature death. The Kansas Behavioral Risk Factor Surveillance System (BRFSS) survey established baseline prevalence estimates for chronic disease and injury risk factors in 1990 and has been conducted monthly since January of 1992. The Douglas County BRFSS survey utilized BRFSS methodology and was conducted by the Kansas BRFSS unit within the Kansas Department of Health and Environment. This report represents the results from the 1,005 interviews completed during March and April of 1998 by the Douglas County BRFSS Survey.

SAMPLING

The telephone survey was conducted using a simple random digit sampling method in which all persons aged 18 and older, living in a household with a telephone, had an equal chance of selection. Area codes and prefix listings were obtained through the Southwestern Bell Corporation. Using this six digit number (area code and prefix) the KDHE BRFSS unit generated a random sample of all possible telephone exchanges in Douglas County. The six digits were assigned all possible four digit suffixes, from which a randomly selected sample was obtained for use in the survey. Pre-screening of the sample at the county level was conducted to eliminate businesses, non-residential institutions, non-working exchanges, and out-of-county residences.

DATA COLLECTION

Douglas County residents were interviewed by telephone. The questionnaire consisted of two parts: core survey questions and supported optional modules. The core survey questions were developed and field tested by the CDC and chosen by the KDHE for inclusion in the core questionnaire due to their universal utility. The core questionnaire pertained to high blood cholesterol, hypertension, leisure-time physical activity, weight and height, cigarette use, women's health issues, AIDS/HIV, smokeless tobacco use, diabetes, health care coverage and access to health care, safety belt use, immunizations, quality of life, and demographic variables. Supported optional modules were chosen by the Douglas County Community Health Improvement Project Leadership Group from a list of modules, covering a variety of health topics, previously used by the Kansas BRFSS survey. Module questions were developed and field tested by either the CDC or KDHE. The optional modules that were chosen related to health care utilization, disability, health care coverage, dental health, preventive counseling services, weight control, alcohol use, injury, passive smoke, hand washing, cardiovascular disease, injury prevention, violence and crime, social context, and the health of children.

Potential working telephone numbers were dialed during three separate calling periods (daytime, evening, and weekends) for a total of 15 call attempts before being replaced. Upon reaching a valid residential number, one household member aged 18 or older was randomly selected using the Kish respondent selection procedure¹. This selection process cross-referenced the last digit in the telephone number with the number of adults in the

household to eliminate potential over sampling and bias in the sample. If the selected respondent was not available, an appointment was made to call at a later date. If the correct respondent could not be reached during the survey calling period or refused to participate on three separate occasions, the telephone number was replaced with another randomly selected number.

WEIGHTING PROCEDURE

The weighting process for survey data was conducted by the KDHE, Bureau for Disease Prevention and Health Promotion. Applying weights to the data set made possible applicable projections of the sample to the general population of Douglas County. The responses of each person interviewed were assigned a weight which accounted for the number of telephone numbers in the household, the number of adults in the household, and the demographic distribution of the sample. By weighing the data, the responses of respondents were adjusted to compensate for the over-representation or under-representation of particular demographic groups. The percentages outlined in this report represent an assessment of the behavioral risk factors for the general population and subgroups of the population of Douglas County.

DATA ANALYSIS

Data and statistical analyses presented in this report were performed by the KDHE, Bureau for Disease Prevention and Health Promotion. The charts and tables of the various risk factors presented in this document are broken down by age, gender, education level, income level, employment status, marital status, and population density. Survey data were not broken down by race because the number of respondents within each race category, other than non-hispanic white, was not large enough to provide reliable estimates.

In the calculation of percentages of the population at risk for specific behaviors, respondents who indicated "don't know" or "refused" were not included. This will account for varied sample sizes from question to question. One exception to this is the income category in which 12% of the sample responded "don't know" or "refused." Since this represents a substantial proportion of respondents, this response is included in the tables that break down the income category. When the results are generalized to the population, an assumption was made that the proportion of respondents at risk were the same for those with missing or unknown information as for those who provided adequate information. Overall, the total estimated prevalence figures include all respondents, which allows for reliable generalizations to be made to the population of Douglas County as a whole.

DATA RELIABILITY

Telephone interviewing has been demonstrated to be a reliable method for collecting behavioral risk data and can cost three to four times less than other interviewing methods such as mail-in interviews or face-to-face interviews. The United States Bureau of Census indicates that only 4% of the households in Kansas do not have a telephone at any given time. The prevalence projections in this report assume that the 4% of Kansans that do not have a telephone will have the same risk prevalence as the 96% of Kansans that do have a telephone; however, since telephone ownership is largely dependent on income, the survey may underestimate the prevalence of some risk categories such as lack of health insurance.

The BRFSS methodology has been utilized and evaluated by the CDC, Kansas and other participating states since 1984. Content of survey questions, questionnaire design, data collection procedures, surveying techniques, and editing procedures have been thoroughly evaluated to maintain overall data quality and to lessen the potential for bias within the population sample.

INTERPRETATION OF RESULTS

Data for each behavioral risk factor were broken down demographically by age group, gender, education, income, employment, marital status, and locale. The complete demographic breakdown for each risk factor can be found in the appendices. The age group and gender categories of surveyed Douglas County residents are shown in Table 1. The other demographic categories are shown in Table 2. The education category is comprised of those with less than a high school diploma, high school graduate (including GED), some college (i.e. technical or vocational school and partial college education with less than a four-year degree), and college graduate (those who have a four-year college degree and/or a postgraduate degree). Annual household income category is \$0-\$9,999, \$10,000-\$19,999, \$20,000-\$34,999, \$35,000-\$49,999, \$50,000+, and unknown/refused. The employment status category is comprised of people who are employed for wages, students, retired, and those who are not employed (those out of work, homemakers, and those unable to work). Marital status category is comprised of those who responded they were married, divorced or separated, widowed, and never married or a member of an unmarried couple. The locale category included respondents who lived in the city of Lawrence and those living in the cities of Baldwin, Eudora, or Lecompton.

The demographic characteristics for the representative sample of 1,005 participants are presented in Tables 1 and 2. The comparison of weighted versus unweighted data demonstrates the sample differences when weighing the data. The weighing procedure provides a more reliable representation of the actual population of the state. Therefore, all results presented in this report were calculated using the weighted data. Sample size and demographic variable cell size for each risk factor are reported in the appendices.

Table 1 presents the unweighted and weighted sample proportions by age and gender, along with the 1990 census population estimates. A comparison of unweighted and weighted sample proportions show that in the unweighted data, those aged 18 to 24 are under-represented and those aged 35 to 54 were over-represented.

Table 2 presents an additional demographic description of the 1998 Douglas County BRFSS data. The unweighted and weighted percentages for education, household income, and locale were very similar. In the marital breakdown, the unweighted sample under-represented those who were never married or a member of an unmarried couple, and over-represented those who were widowed and those who were divorced or separated. In the employment category those who were not employed for wages were under-represented in the unweighted sample.

Each of the remaining chapters of this document presents results for selected health risk behavior(s). Included in each chapter is a background section about the profiled health risk behavior, a section on the estimated prevalence of the profiled risk behavior within the Douglas County population, and within certain subpopulations (e.g., age group, income level, education level), and, in some chapters, additional sections presenting supplemental data relating to the health risk behavior(s).

The survey data reported in this document are most precise if reported for the entire survey population. If specific subpopulation data are to be used, reference should be made to

appendices to evaluate the sample size of the specific subpopulation. Sample sizes below 50 for a specific subpopulation should be interpreted and used with caution. Because data collected by this survey were collected during the spring, seasonal behavior variation will cause certain risk estimates to be unrepresentative of a year-round average. The risk factor for which this is expected to have the greatest influence is physical activity, though other risk factors may be influenced as well. Data collected by the Kansas BRFSS, in which data are collected monthly throughout the year, generally reflects greater physical activity during warm weather months than during cold weather months.

TABLE 1

Comparison of the 1998 Douglas County BRFSS Sample (Weighted and Unweighted) and 1990 Douglas County Census Population Estimates by Age Group and Gender

Demographic Characteristics	Unweighted Sample (%)	Weighted Sample (%)	Intercensal Population Estimates (%)
Age Group			
18-24	22.9	35.1	35.2
25-34	21.4	22.0	22.1
35-44	20.5	16.7	16.4
45-54	13.8	9.1	9.2
55-64	8.4	6.8	6.9
65 & Over	12.7	10.1	10.2
Unknown/Refused	0.3	0.2	*
Gender			
Male	47.2	49.0	49.4
Female	52.8	51.0	50.6

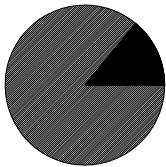
(*) Indicates that unknown/refused does not apply to intercensal estimates.

TABLE 2

Demographic Description of the 1998 Douglas County BRFSS Sample in Percent

Demographic Characteristics	Unweighted Sample	Weighted Sample
Education		
< High School Grad.	5.8	5.8
High School Graduate	22.9	21.7
Some College	29.8	32.7
College Graduate	41.4	39.6
Unknown/Refused	0.2	0.1
Household Income		
\$0-\$9,999	7.3	8.5
\$10,000-\$19,999	14.3	14.7
\$20,000-\$34,999	27.0	27.8
\$35,000-\$49,999	18.0	17.0
\$50,000+	21.7	20.1
Unknown/Refused	11.7	11.9
Employment Status		
Employed for Wages	69.3	67.6
Self-Employed	6.9	6.4
Not Employed for Wages	12.0	16.8
Retired	11.5	9.1
Unknown/Refused	0.3	0.2
Marital Status		
Married	44.8	45.7
Divorced/Separated	14.6	8.6
Widowed	6.4	3.3
Never Married/Unmarried Couple	33.8	42.1
Unknown/Refused	0.4	0.3
Locale		
Lawrence	84.4	83.8
Baldwin/Eudora/Lecompton	13.1	13.3
Unknown/Refused	2.5	2.9

**Hypertension
At Risk 14%**



Hypertension: *Respondents who reported that they had ever been told that they had high blood pressure or hypertension. A person is considered to have hypertension if either their systolic pressure (the pressure of the blood flow when the heart beats) is equal to or greater than 140 mm Hg and/or diastolic pressure (the pressure between heartbeats) is equal to or greater than 90 mm Hg.*

Hypertension

Background

Hypertension, often referred to as high blood pressure, is known as the "silent killer" because there are no visible signs or symptoms; consequently a person can have hypertension without knowing it. Among people with hypertension, almost half do not know they have it, and only 11% are estimated to be receiving adequate therapy². A person with uncontrolled hypertension is three to four times more likely to develop coronary heart disease and has as much as seven times the risk of suffering a stroke as a person with normal blood pressure³. Hypertension also contributes to atherosclerosis, kidney failure, and peripheral vascular disease. It is recommended that persons with normal blood pressure have their blood pressure checked every 1-2 years; persons with elevated blood pressure should be checked more frequently. Risk factors for hypertension that cannot be eliminated are a family history of hypertension and advancing age. Modifiable risk factors include cigarette smoking, excessive alcohol intake, being overweight, physical inactivity, excessive sodium (salt) intake, and stress.

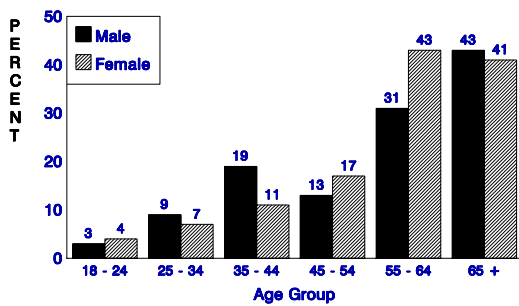
Who's At Risk

Ninety-three percent of respondents reported that their blood pressure had been checked within the past two years. One-seventh (14%) of respondents reported that they had ever been told by a health professional that they had high blood pressure. Females and males reported similar prevalences of hypertension (males: 13%; females 14%). The prevalence of hypertension increased with advancing age and generally decreased with greater educational attainment and rising household income. The prevalence of hypertension was higher among persons who were retired, widowed or from Baldwin, Eudora, or Lecompton.

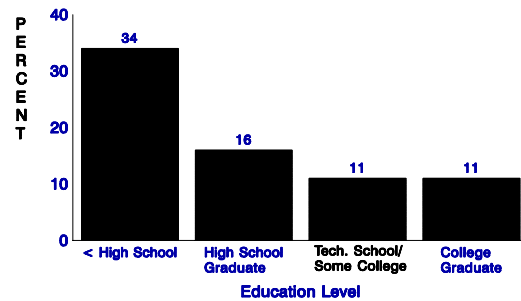
Characteristics of Persons With Hypertension

Nearly two-fifth (38%) of respondents with hypertension were overweight, compared to 19% of persons without hypertension. More persons with hypertension had sedentary lifestyles (55%) than persons without hypertension (46%). Nine percent of persons with hypertension reported having diabetes while only 2% of persons without hypertension had diabetes. Persons with hypertension more frequently reported having high blood cholesterol (52%) than persons without hypertension (19%). Hypertensive persons reported having an activity limitation (34%) more often than persons who did not have hypertension (13%). Persons who were hypertensive were more likely to report that they had cardiovascular disease (11%) than those who did not have hypertension (2%).

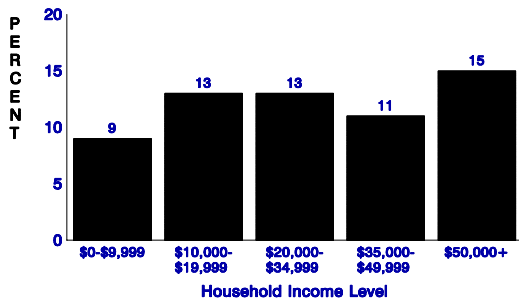
Prevalence of Hypertension Among Douglas County Residents By Gender and Age Group



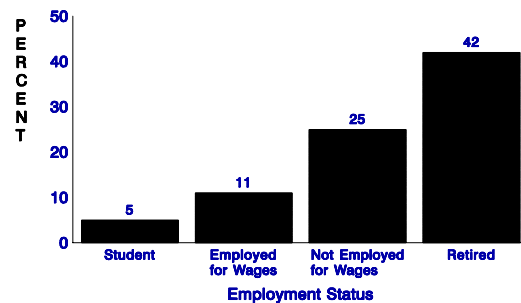
Prevalence of Hypertension Among Douglas County Residents By Education Level



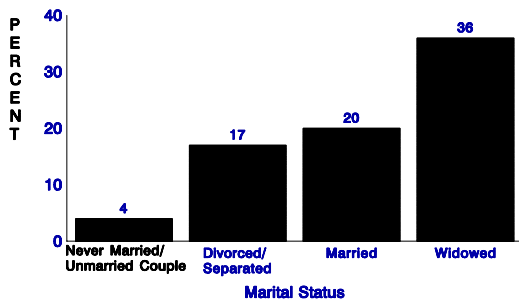
Prevalence of Hypertension Among Douglas County Residents By Household Income Level



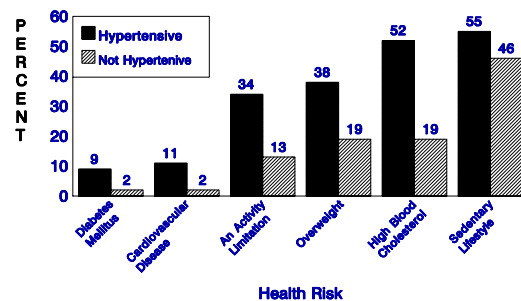
Prevalence of Hypertension Among Douglas County Residents By Employment Status



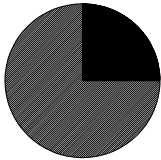
Prevalence of Hypertension Among Douglas County Residents By Marital Status



Comparison of Select Health Risks Among Douglas County Residents By Hypertension Status



High Blood
Cholesterol
At Risk 25%



High Blood Cholesterol: *Respondents who had ever had their blood cholesterol checked, who had ever been told their blood cholesterol is high. This includes both borderline-high blood cholesterol (200-239 mg/dL) and high blood cholesterol (\geq 240 mg/dL) as defined by the National Heart, Lung, and Blood Institute.*

High Blood Cholesterol

Background

High blood cholesterol is associated with an increased risk of developing cardiovascular disease, especially coronary heart disease. Studies have shown that the risk of coronary heart disease increases as the level of cholesterol in the blood increases. Approximately 30% of coronary heart disease in the United States is attributed to high blood cholesterol⁴, and persons with a blood cholesterol level of 240 mg/dL or higher have approximately twice the risk of developing coronary heart disease as persons with normal cholesterol levels. The U.S. Preventive Services Task Force recommends that persons aged 18 and older have a blood cholesterol screening every five years. Risk factors for high blood cholesterol which cannot be eliminated are a family history of high blood cholesterol and advancing age. Modifiable risk factors that contribute to high blood cholesterol are dietary fat intake (especially saturated fats), being overweight, physical inactivity, and cigarette use.

Who's At Risk

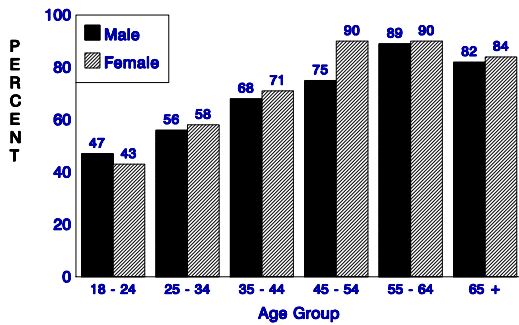
Two-thirds (66%) of survey respondents reported having their blood cholesterol checked; 63% of all respondents reported that their blood cholesterol had been checked within the past five years. Female respondents were only slightly more likely to report having had a blood cholesterol screening within the past five years (64%) than males (62%). The percentage of persons reporting that they had received a blood cholesterol screening during the past five years increased with advancing age and rising household income. Persons who were students, never married, or a member of an unmarried couple were more likely to report that they had not had a blood cholesterol screening within the last five years. Among respondents who had ever had a blood cholesterol screening, 25% reported that they had been told by a health professional that they had high blood cholesterol. Females were only slightly more likely to report having high blood cholesterol (26%) than males (24%). The prevalence of high blood cholesterol generally increased with advancing age and decreased with higher levels of education. Respondents who were not employed for wages, retired, widowed, or married more frequently reported having high blood cholesterol.

Characteristics of Persons With High Blood Cholesterol

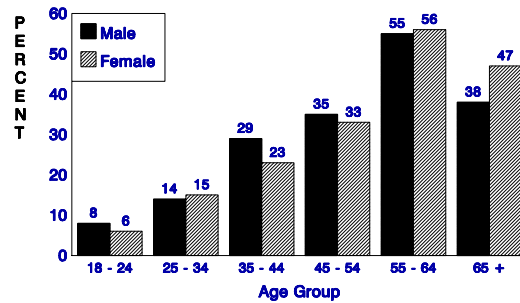
Persons with high blood cholesterol were more likely to be overweight (37%) than persons without high blood cholesterol (20%). Persons with high blood cholesterol reported being sedentary (56%) more often than persons without high blood cholesterol (41%). Hypertension was more frequently reported by persons with high blood cholesterol (38%) than those without high blood cholesterol (12%). Persons with high blood cholesterol were

more likely to report that they had cardiovascular disease (8%) and diabetes mellitus (6%) than those without high blood cholesterol (CVD: 4%; DM: 3%). Persons with high blood cholesterol had an activity limitation (29%) more often than persons who did not have high blood cholesterol (15%).

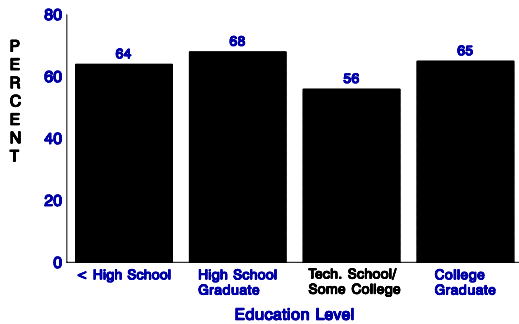
Percentage of Douglas County Residents Who Reported That their Blood Cholesterol Had Been Checked Within the Past Five Years, By Gender and Age Group



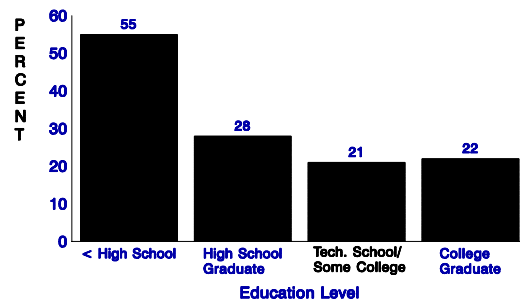
Prevalence of High Blood Cholesterol Among Douglas County Residents By Gender and Age Group



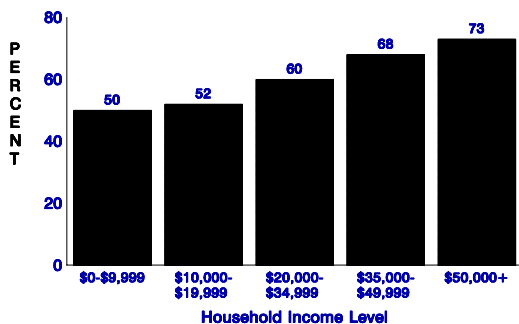
Percentage of Douglas County Residents Who Reported That Their Blood Cholesterol Had Been Checked Within the Past Five Years, By Education Level



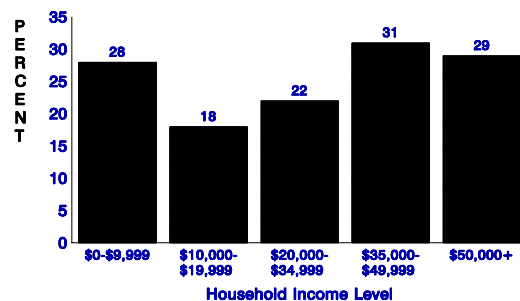
Prevalence of High Blood Cholesterol Among Douglas County Residents By Education Level



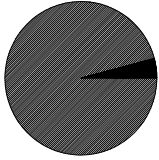
Percentage of Douglas County Residents Who Reported That Their Blood Cholesterol Had Been Checked Within the Past Five Years, By Household Income Level



Prevalence of High Blood Cholesterol Among Douglas County Residents By Household Income Level



Cardiovascular
Disease
At Risk 4%



Cardiovascular Disease: Respondents who reported that they had one or more of the following: heart attack or myocardial infarction, angina or coronary heart disease, heart failure, or stroke.

Cardiovascular Disease

Background

Cardiovascular disease (CVD) mortality has been declining steadily for decades but still remains the leading cause of death⁵ and a leading cause of disability in Kansas. Cardiovascular disease refers to a wide variety of heart and blood vessel diseases, including coronary heart disease, hypertension, stroke, and rheumatic heart disease⁶. The primary process which causes cardiovascular disease is arteriosclerosis, a term for the thickening and hardening of arteries. Atherosclerosis is a type of arteriosclerosis which is characterized by deposits of fatty substances or plaque in the inner lining of an artery. This build up of plaque may partially or totally block the blood flow through the artery, starving the tissue for blood². If the blood vessel totally closes off, the tissue being fed by the blood vessel will die. This is the cause of almost all heart attacks and many strokes. Strokes are frequently the result of a ruptured blood vessel in the brain usually caused by high blood pressure. Risk factors for cardiovascular disease that can not be eliminated are a family history of cardiovascular disease, male gender and advancing age. Modifiable risk factors for cardiovascular disease include high blood pressure, high blood cholesterol, cigarette smoking, physical inactivity, diabetes mellitus, and obesity⁶.

Who's At Risk

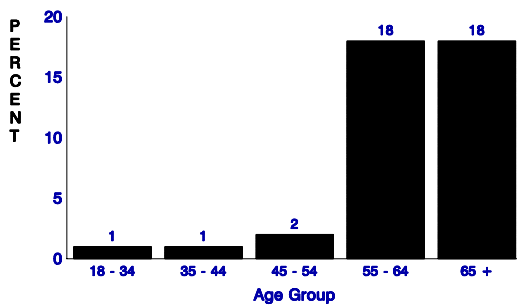
Four percent of respondents reported that they had cardiovascular disease. Males and females had similar rates of cardiovascular disease (males: 3%; females 4%). The prevalence of cardiovascular disease increased with advancing age and decreased with higher levels of education. Respondents who were not employed for wages, retired, widowed, divorced or separated more frequently reported having cardiovascular disease. Among all respondents, 3% reported having a heart attack or myocardial infarction, 3% reported having angina or coronary heart disease, 1% reported having a stroke, and 1% reported having heart failure. Many respondents reported two or more cardiovascular disease indicators. Among respondents who had cardiovascular disease, 28% reported having heart bypass surgery and 36% reported having angioplasty.

Characteristics of Persons with Cardiovascular Disease

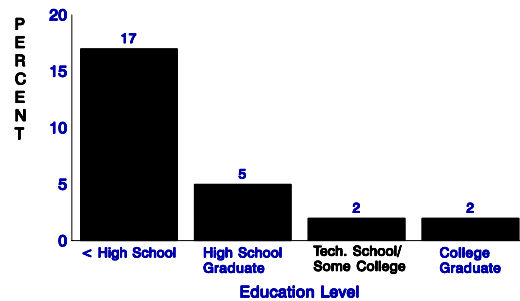
Persons who had cardiovascular disease reported hypertension (44%) more often than persons without cardiovascular disease (13%). High blood cholesterol was more common among persons with cardiovascular disease (41%) than persons who did not have cardiovascular disease (24%). One-fifth (20%) of persons with cardiovascular disease also had diabetes mellitus compared to only 2% of persons without cardiovascular disease. Persons with cardiovascular disease were slightly more likely to be overweight (25%) or sedentary (54%) than persons who did not have cardiovascular disease (overweight: 21%; sedentary: 46%). Persons who had cardiovascular disease were substantially more likely to report that they had an activity limitation (58%) than persons without cardiovascular

disease (15%).

**Prevalence of Cardiovascular Disease
Among Douglas County Residents
By Age Group**



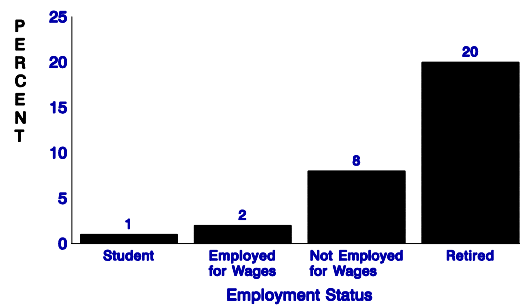
**Prevalence of Cardiovascular Disease
Among Douglas County Residents
By Education Level**



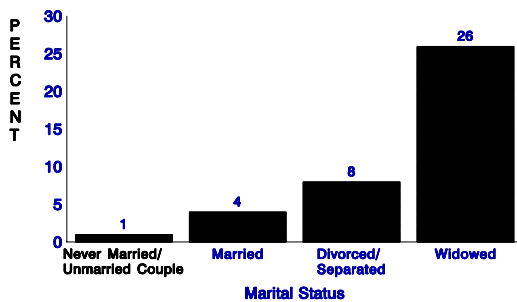
**Prevalence of Cardiovascular Disease
Among Douglas County Residents
By Household Income Level**



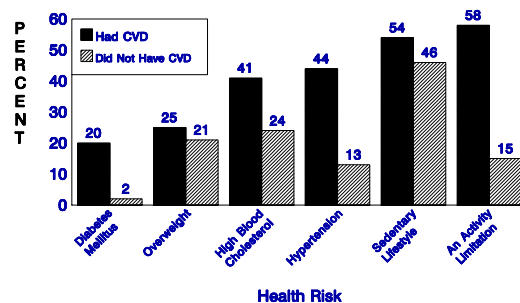
**Prevalence of Cardiovascular Disease
Among Douglas County Residents
By Employment Status**



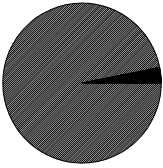
**Prevalence of Cardiovascular Disease
Among Douglas County Residents
By Marital Status**



**Comparison of Select Health Risks
Among Douglas County Residents
By Cardiovascular Disease (CVD) Status**



**Diabetes Mellitus
At Risk 3%**



Diabetes Mellitus: *Respondents who reported that they had been told by a doctor that they had diabetes.*

Diabetes Mellitus

Background

Diabetes is a chronic disease in which the body is incapable of adequately producing and/or using insulin, which is necessary to convert glucose (sugar) into energy. It has been estimated that 126,000 Kansans have diabetes mellitus, yet half do not know that they have diabetes⁷. Diabetes is among the leading causes of death in Kansas each year, resulting in 500 to 600 deaths⁸, and is estimated to be a contributing factor for another 1,000 deaths⁷. Diabetes is a serious chronic disease which makes those with the condition 25 times more prone to blindness, twice as likely to develop cardiovascular disease, 15 times more likely to have a lower extremity amputated, and 17 times more likely to develop kidney disease⁹.

Who's At Risk

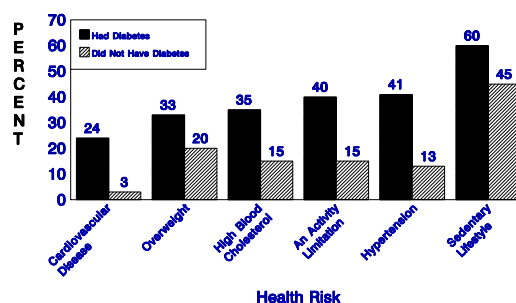
Three percent of respondents reported that they had diabetes mellitus. Equal proportions of males and females reported having diabetes (3%). The proportion of respondents who reported having diabetes increased with advancing age and decreased with higher levels of education.

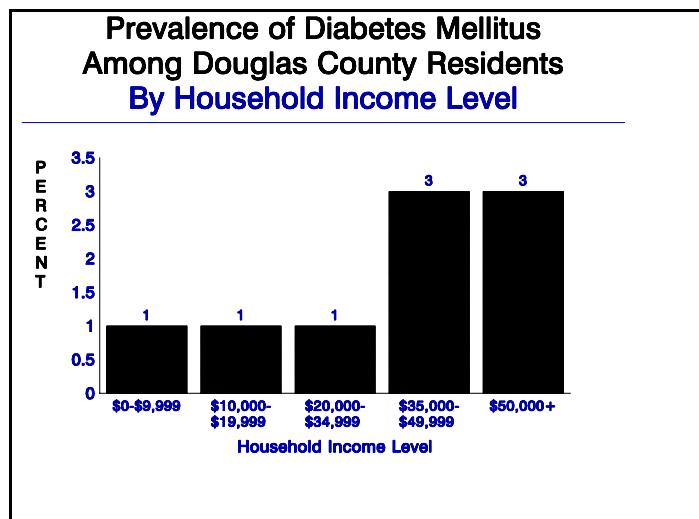
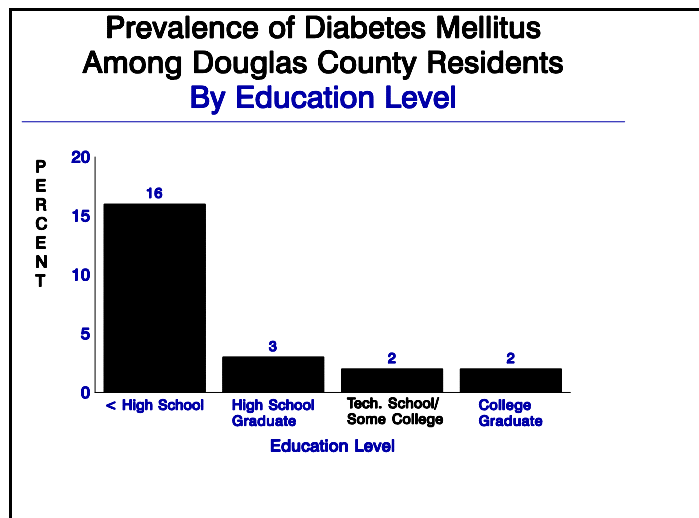
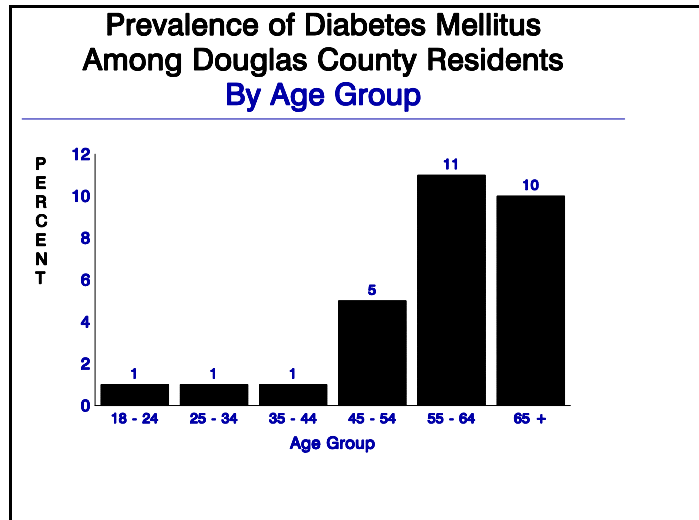
Respondents who were retired or not employed for wages were more likely to report that they had diabetes.

Characteristics of Persons with Diabetes

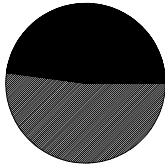
Persons with diabetes reported higher prevalences of several diseases and risk factors. Persons with diabetes were more likely to report that they had hypertension (41%) than persons without diabetes (13%). The prevalence of high blood cholesterol was higher among persons with diabetes (35%) compared to persons without diabetes (15%). Persons with diabetes reported being overweight (33%) more frequently than persons without diabetes (20%). The prevalence of cardiovascular disease was much greater among persons with diabetes (24%) than persons without diabetes (3%). Persons with diabetes reported having an activity limitation (40%) more often than persons without diabetes (15%). The proportion of persons who had a sedentary lifestyle was greater among persons with diabetes (60%) than persons without diabetes (45%).

**Comparison of Select Health Risks
Among Douglas County Residents
By Diabetes Mellitus Status**





**Sedentary Lifestyle
At Risk 48%**



Sedentary Lifestyle: *Persons who reported no physical activity or physical activity less than three times a week for less than twenty minutes each time, excluding job-related activity.*

Regular Physical Activity: *Persons who reported engaging in physical activity at least five times a week for at least thirty minutes each session, excluding job-related activity.*

Physical Activity

Background

Men and women of all ages benefit from regular physical activity. Physical activity reduces the risk of premature mortality in general, and helps prevent or control hypertension, colon cancer, diabetes mellitus, and cardiovascular disease, particularly coronary heart disease¹⁰. Physical activity improves mental health by relieving the symptoms of depression and anxiety, and improving mood¹⁰. Physical activity is important for the health of muscles, bones, and joints; strength training and other forms of exercise which build muscular strength, endurance and flexibility help protect against injury and disability, and can help older adults maintain independent living status and reduce their risk of falling¹⁰. Regular physical activity is an important component in losing weight and maintaining normal body weight, and may favorably effect body fat distribution. It is recommended that a person engage in moderate physical activity (e.g. 30 minutes of brisk walking or raking leaves, or 15 minutes of running) on most, if not all, days of the week. Moderate physical activity can be beneficial when it is accumulated in several short sessions over the course of the day. Persons engaging in physical activity of longer duration or of more vigorous intensity are likely to derive greater health benefits¹⁰.

Who's At Risk

Nearly half (48%) of respondents reported having a sedentary lifestyle, including 16% of respondents who did not engage in any kind of leisure time physical activity. Females reported having a sedentary lifestyle (49%) only slightly more often than males (46%). The proportion of respondents who reported having a sedentary lifestyle generally increased with advancing age and generally decreased with higher levels of education and rising household incomes. Respondents who were retired or widowed more frequently reported having a sedentary lifestyle.

Who's Most Likely to Exercise Regularly

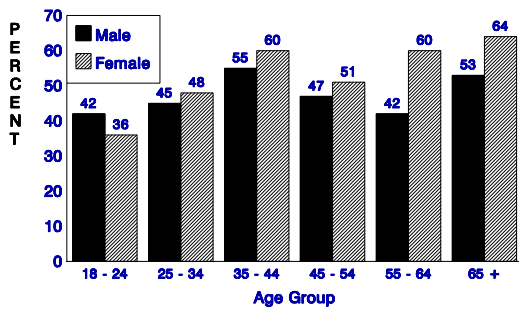
Over a quarter (26%) of respondents reported that they engaged in physical activity the recommended five times a week for at least thirty minutes per session. Males and females reported similar proportions of persons engaging in regular physical activity (males: 26%; females: 25%). The percentage of persons who engaged in regular physical activity generally decreased with greater educational attainment. Respondents who were students, had household incomes below \$10,000, or had less than a high school education more frequently reported engaging in regular physical activity.

Most Common Types of Physical Activities

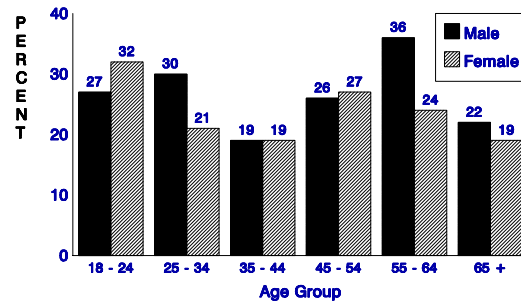
The most commonly reported physical activities engaged in by respondents who engaged in any physical activity were: walking (51%), running/jogging (14%), weight lifting (12%),

bicycling/exercise bike (10%), aerobics (9%), gardening (7%), basketball (6%), and golf (4%).

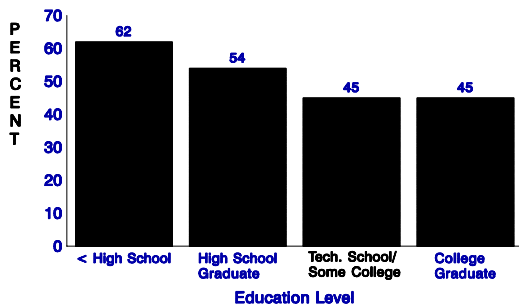
Percentage of Douglas County Residents Who Reported Having a Sedentary Lifestyle By Gender and Age Group



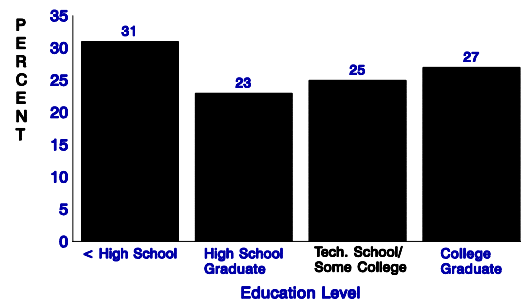
Percentage of Douglas County Residents Who Engaged in Regular Physical Activity By Gender and Age Group



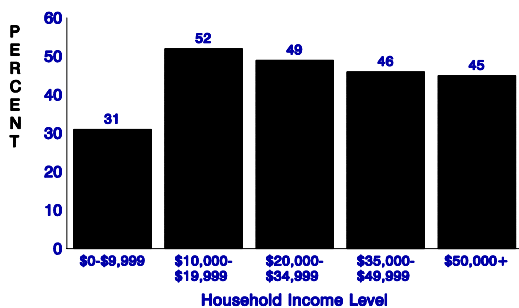
Percentage of Douglas County Residents Who Reported Having a Sedentary Lifestyle By Education Level



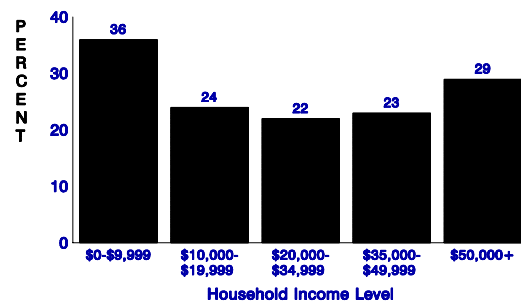
Percentage of Douglas County Residents Who Engaged in Regular Physical Activity By Education Level



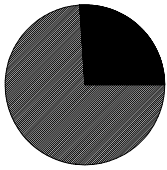
Percentage of Douglas County Residents Who Reported Having a Sedentary Lifestyle By Household Income Level



Percentage of Douglas County Residents Who Engaged in Regular Physical Activity By Household Income Level



**Binge Drinking
At Risk 26%**



Acute/Binge Drinking: Respondents who reported having five or more drinks on an occasion, one or more times during the past month.

Chronic Drinking: Respondents who reported having an average of 60 or more drinks during the past month.

Drinking and Driving: Respondents who reported having driven after having too much to drink, one or more times in the past month.

Alcohol Consumption

Background

Approximately 1 out of every 20 deaths is alcohol-related¹¹. Alcohol is involved in almost half of all deaths caused by motor vehicle crashes and fatal intentional injuries such as suicides and homicides; additionally, the victims in a third of all homicides, drownings, and boating deaths were intoxicated¹¹. Heavy alcohol use on a single occasion may cause alcohol poisoning, which can be fatal, and may lead to sexual risk taking resulting in unwanted pregnancies and sexually transmitted diseases, such as AIDS¹¹. Long term consequences of chronic alcohol use include liver disease such as cirrhosis, pancreatitis, degeneration of the heart and skeletal muscle, hypertension, brain damage, and cancers of the liver, esophagus, nasopharynx, and larynx¹¹. Chronic alcohol use has also been linked to cancers of the stomach, large bowel, and female breast¹¹. Alcohol use during pregnancy is the leading cause of adverse birth outcomes including fetal alcohol syndrome (FAS), low birthweight, congenital birth defects, and impaired development of the child.

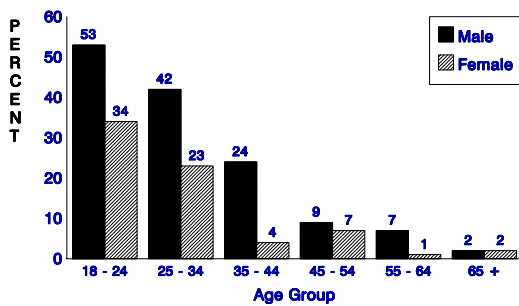
Who's At Risk

Over one-fourth (26%) of respondents reported binge drinking. Males reported binge drinking (35%) substantially more often than females (18%). The prevalence of binge drinking decreased with advancing age and rising household income. Binge drinking was most common among the youngest age groups, persons with some college education, students, and persons who were never married or a member of an unmarried couple. Seven percent of respondents reported chronic drinking. Males more frequently reported chronic drinking (10%) than females (4%). Chronic drinking generally decreased with advancing age and rising household income. Respondents who had some college education, who were never married or a member of an unmarried couple, and students more frequently reported chronic drinking. Eight percent of respondents reported drinking and driving. Males reported drinking and driving (10%) more often than females (5%). The proportion of persons who reported drinking and driving decreased with advancing age and rising household income. Respondents who had some college education, who were never married or a member of an unmarried couple, and students were more likely to report drinking and driving.

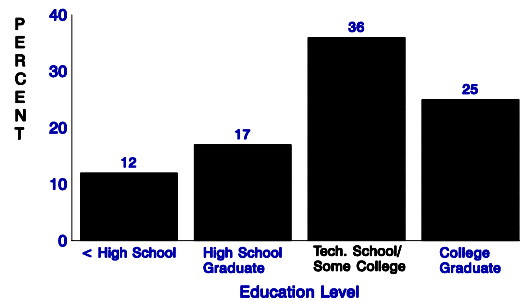
Characteristics of Drinkers

Nearly two-thirds (64%) of respondents reported having at least one alcoholic beverage during the past thirty days. The average number of days that each drinker drank during the past thirty days was 7.6 days. The average number of alcoholic beverages consumed by each drinker on the days they drank was 2.7 alcoholic beverages.

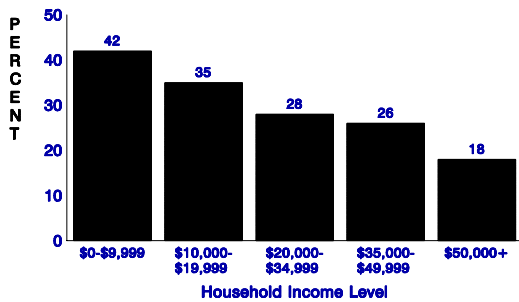
Percentage of Douglas County Residents Who Reported Binge Drinking By Gender and Age Group



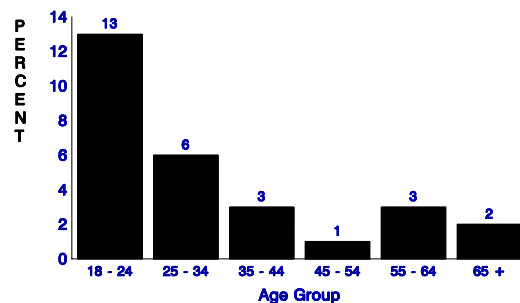
Percentage of Douglas County Residents Who Reported Binge Drinking By Education Level



Percentage of Douglas County Residents Who Reported Binge Drinking By Household Income Level



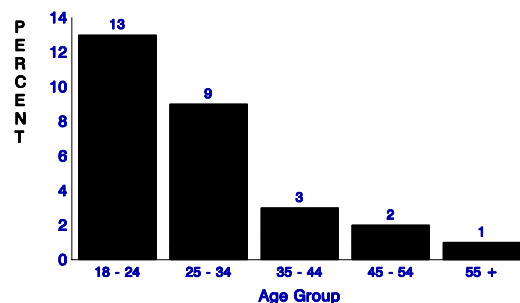
Percentage of Douglas County Residents Who Reported Chronic Drinking By Age Group



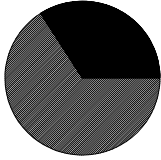
Percentage of Douglas County Residents Who Reported Chronic Drinking By Household Income Level



Percentage of Douglas County Residents Who Reported Drinking and Driving By Age Group



Failed to Use
a Safety Belt
At Risk 34%



Failed to Use a Safety Belt: Respondents who reported that they do not always use a safety belt when they drive or ride in an automobile.

Safety Belt Use

Background

Motor vehicle crashes are the leading cause of unintentional death and injury in Kansas. Each year over 400 persons are killed and over 25,000 persons are injured in motor vehicle crashes in Kansas. It has been estimated that the proper use of safety belts by adults can reduce the risk of death in a motor vehicle crash by 40-50%¹², and the correct use of a child safety seat can reduce the risk of death by approximately 70%¹³. In 1995, 67% of passenger car occupants killed in motor vehicle crashes in Kansas were not using a safety restraint¹⁴.

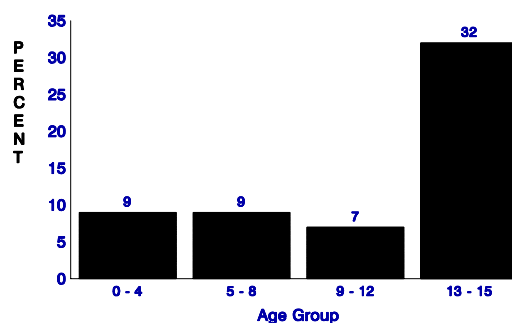
Who's At Risk

A third (34%) of respondents reported that they do not always use a safety belt when they drive or ride in an automobile. Males reported failing to use a safety belt (45%) more frequently than females (23%). Failure to use a safety belt generally decreased with advancing age, higher levels of education, and rising household income. Failure to use a safety belt was highest among persons who had less than a high school education, persons with annual household incomes between \$10,000-\$19,999, persons who were students, never married or a member of an unmarried couple.

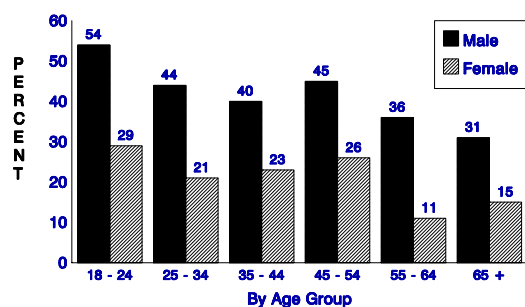
The adult respondent in each household with children was asked how often the oldest child in the household, under the age of 16, used a safety belt or car safety seat when they rode in an automobile. One in seven children aged 0 to 15, failed to use a car safety seat or safety belt when they rode in an automobile. Among children aged 0 to 4, 9% did not always ride in a car safety seat, while 15% of children aged 5 to 15 failed to use a safety belt when they rode in an automobile.

However, failure to use a safety belt increased dramatically to 32% among children aged 13 to 15. The percentage of children in this age group who failed to use a safety belt is similar to the percentage of adults who failed to use a safety belt.

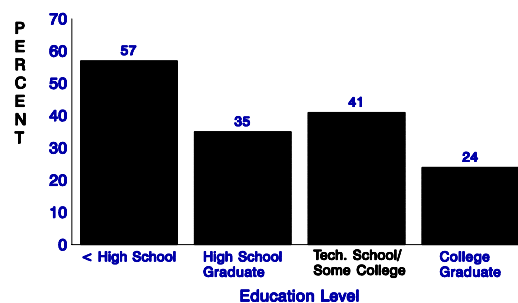
**Percentage of Children in Douglas County
Who Failed to Use a Car Safety Seat or Safety Belt
By Age Group**



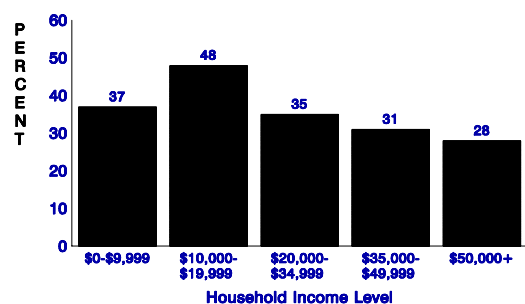
Percentage of Douglas County Residents Who Failed to Use a Safety Belt By Gender and Age Group



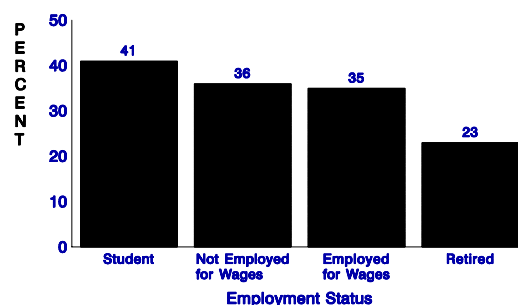
Percentage of Douglas County Residents Who Failed to Use a Safety Belt By Education Level



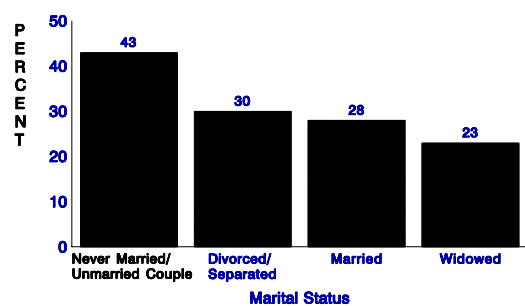
Percentage of Douglas County Residents Who Failed to Use a Safety Belt By Household Income Level



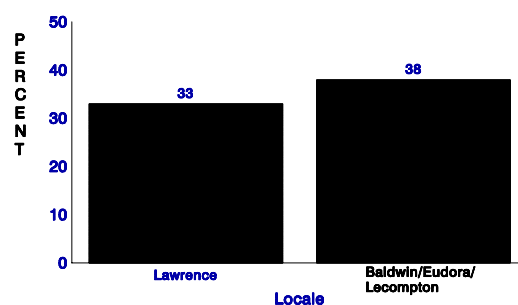
Percentage of Douglas County Residents Who Failed to Use a Safety Belt By Employment Status



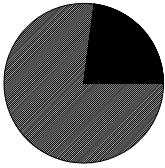
Percentage of Douglas County Residents Who Failed to Use a Safety Belt By Marital Status



Percentage of Douglas County Residents Who Failed to Use a Safety Belt By Locale



**Cigarette Use
At Risk 23%**



Ever Cigarette Smokers: Respondents who reported having smoked 100 cigarettes in their lifetime.

Current Cigarette Smokers: Respondents who reported having smoked 100 cigarettes in their lifetime and are current smokers.

Former Cigarette Smokers: Respondents who reported having smoked 100 cigarettes in their lifetime but do not smoke now.

Cigarette Use

Background

Cigarette smoking is the single most preventable cause of premature death and disability in Kansas. Cigarette use is responsible for nearly one in five deaths in Kansas and smokers lose an average of 15 years of life¹⁵. Smokers have twice the risk of death as persons who have never smoked¹⁶. Smoking is associated with cancers of the lung, mouth, pharynx, larynx, esophagus, pancreas, uterine cervix, kidney, and bladder. It is responsible for 30% of all cancer deaths and 87% of lung cancer deaths¹⁵. Smoking is a major cause of cardiovascular diseases and lung diseases such as emphysema, pneumonia, and bronchitis. Women who smoke during pregnancy are more likely to have children who suffer complications such as low birthweight and sudden infant death syndrome (SIDS)¹⁷. Environmental tobacco smoke (ETS) or secondhand smoke, a combination of smoke from a burning cigarette and smoke exhaled by the smoker, is known to cause respiratory illnesses and infections, and contributes to heart disease and lung cancer¹⁵. It has been recommended by the National Institute for Occupational Safety and Health that exposure to ETS in the work place be reduced to the lowest feasible concentration by eliminating smoking in the work place or designating separately ventilated smoking areas.

At every age, people who quit smoking live longer than those who continue smoking¹⁵. Smokers who quit before they are 50 years old have only half the risk of dying during the next 15 years as those persons who continue smoking¹⁵. Smoking cessation substantially decreases the risk of lung, laryngeal, esophageal, oral, pancreatic, bladder, and cervical cancers, as well reducing the risk of developing obstructive lung disease and cardiovascular disease¹⁵.

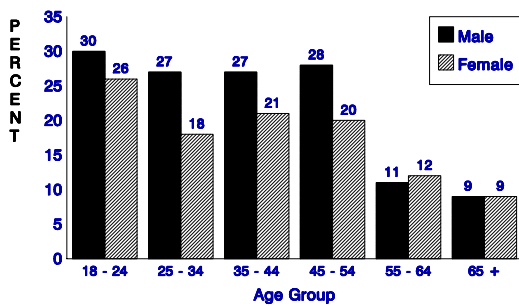
Who's At Risk

Twenty-three percent of respondents identified themselves as current smokers and 19% reported being former smokers. Males reported being current smokers (25%) more often than females (20%). The percentage of persons who reported being current smokers generally decreased with advancing age, greater educational attainment, and rising household income. Persons who were never married or a member of an unmarried couple or had less than a high school education more frequently reported being current smokers. Sixty-two percent of current smokers reported that they smoked every day and 38% reported smoking on some days but not everyday. Among persons who smoked every day, 53% reported that they had quit smoking for at least one day during the past twelve months.

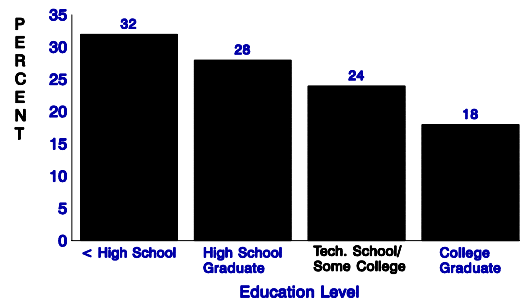
Characteristics of Former Smokers

Slightly less than half (46%) of all respondents who had ever smoked cigarettes have quit smoking. Twenty-five percent of former smokers reported that they had quit smoking

Percentage of Douglas County Residents Who Reported Being a Current Smoker By Gender and Age Group



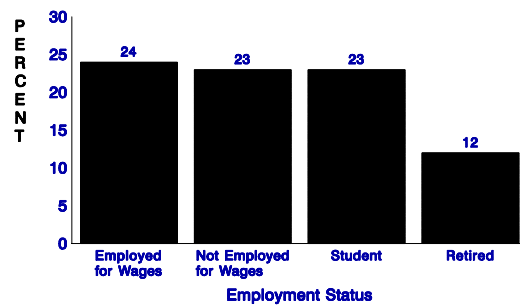
Percentage of Douglas County Residents Who Reported Being a Current Smoker By Education Level



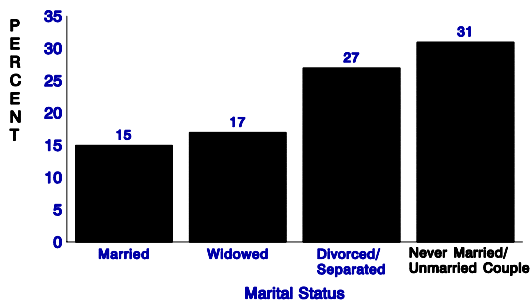
Percentage of Douglas County Residents Who Reported Being a Current Smoker By Household Income Level



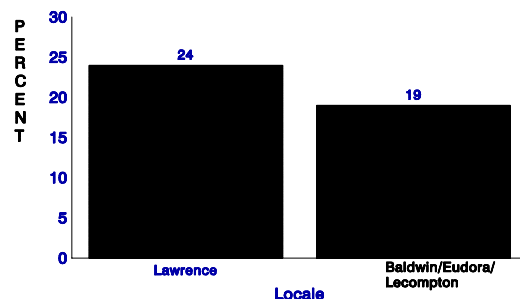
Percentage of Douglas County Residents Who Reported Being a Current Smoker By Employment Status



Percentage of Douglas County Residents Who Reported Being a Current Smoker By Marital Status



Percentage of Douglas County Residents Who Reported Being a Current Smoker By Locale



cigarettes within the past year, 22% had quit one to five years ago, 18% quit five to fifteen years ago, 30% quit fifteen or more years ago, 2% reported never smoking regularly, and 3% were unsure or refused to say how long it had been since they quit smoking. Male ever smokers reported that they had quit smoking (48%) more frequently than female ever smokers (43%). The percentage of ever smokers who had quit smoking increased with rising household income. The percentage of ever smokers who had successfully quit also increased with advancing age; however, this is attributable, to both the higher rates of mortality affecting current smokers as they age and to the increased number of smokers who successfully quit smoking as they age.

Smoking in the Workplace

Among respondents who worked outside the home, 73% reported that smoking was not allowed inside at their work site, 15% reported that smoking was restricted to designated areas at their work site, 2% responded that smoking was allowed except where posted, 8% reported that there were no restrictions on smoking at their work site, and 2% did not know or refused to identify the smoking policy at their work site.

Smoking in the Home

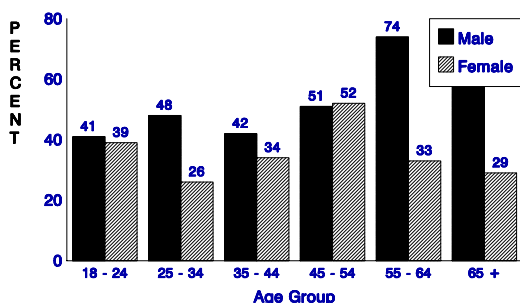
Twenty-nine percent of all households had at least one current smoker in the home. Among households with at least one current smoker, 56% reported that at least one smoker smoked inside of the home. Three-tenths (29%) of households with children reported having at least one current smoker in the household, and in 61% of households with at least one child and one current smoker, the current smoker(s) smoked within the home. Among households with at least one current smoker, the smoker(s) smoked within the home in 56% of households with children aged 0 to 4, 51% of households with children aged 5 to 12, and 66% of households with children aged 13 to 17.

Opinions Towards Smoking Restrictions in Public Areas

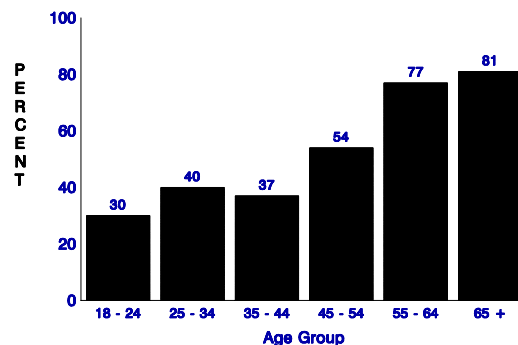
Respondents were asked six questions regarding smoking restrictions in areas used by the general public. When asked about smoking restrictions in private work places, 52% of respondents responded that smoking should be totally banned, 36% said it should be allowed in designated areas, 7% thought that there should be no restrictions, and 6% had no opinion or refused to answer. When asked about restrictions in day care centers for children 91% of respondents responded that smoking should be totally banned, 4% said smoking should be allowed in designated areas, 1% thought that there should be no restrictions, and 5% had no opinion or refused to answer. When asked about restrictions for private day care for children within a home 87% of respondents responded that smoking should be totally banned, 7% said smoking should be allowed in designated areas, 1% thought that there should be no restrictions, and 5% had no opinion or refused to answer. When asked about restrictions in restaurants 43% of respondents responded that smoking should be totally banned, 50% said smoking should be allowed in designated areas, 2% thought that there should be no restrictions, and 5% had no opinion or refused to answer. When asked about restrictions in bars and clubs 23% of respondents responded that smoking should be totally banned, 36% said smoking should be allowed in designated areas, 34% thought that there should be no restrictions, and 7% had no opinion or refused to answer. When asked about restrictions for other public places 51% of respondents responded that smoking should be totally banned, 39% said smoking should be allowed in

designated areas, 4% thought that there should be no restrictions, and 7% had no opinion or refused to answer.

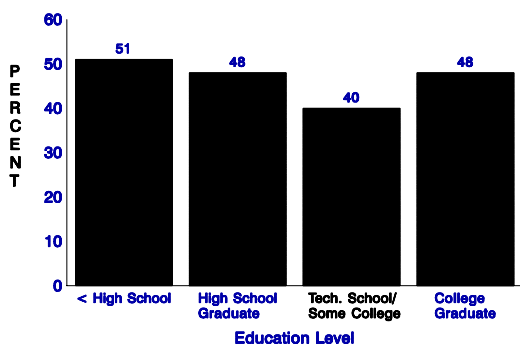
Percentage of Douglas County Residents Who Reported Being an Ever Smoker By Gender and Age Group



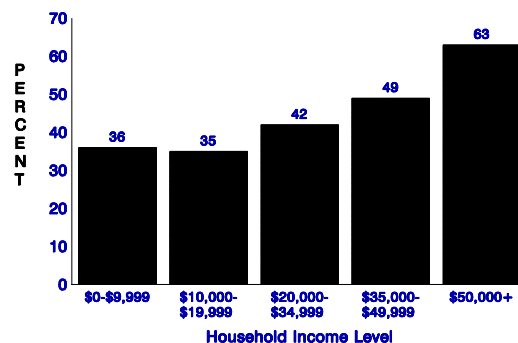
Percentage of Ever Smokers Who Had Quit Smoking By Age Group



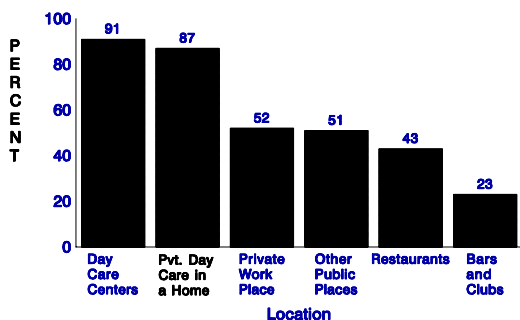
Percentage of Ever Smokers Who Had Quit Smoking By Education Level



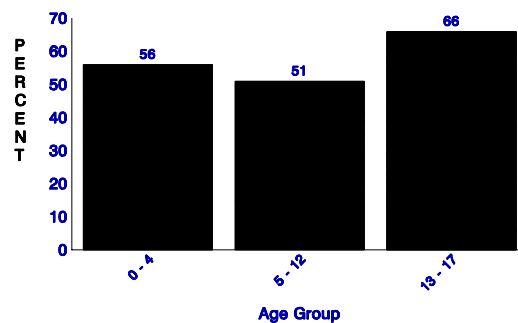
Percentage of Ever Smokers Who Had Quit Smoking By Household Income Level



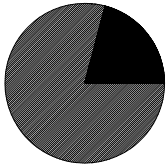
Percentage of Douglas County Residents Who Think That Smoking Should Be Totally Banned By Location



Percentage of Households With Children and at Least One Current Smoker In Which the Current Smoker(s) Smoked Inside the Home, By Age Group



**Overweight
At Risk 21%**



Overweight: Based on Body Mass Index (BMI). BMI is defined as weight in kilograms divided by height in meters squared (kg/m^2). Males with a BMI of ≥ 27.8 and females with a BMI ≥ 27.3 are considered overweight.

Overweight

Background

There is an increased risk for general excess mortality associated with being overweight and the risk for excess mortality increases with higher body mass indices¹⁸. Being overweight is associated with elevated blood cholesterol, high blood pressure, noninsulin-dependent diabetes mellitus, and increased risk of developing coronary heart disease⁸. Being overweight also increases a person's risk of developing gall bladder disease, degenerative joint disease, and some types of cancer⁸. Health experts recommend a well-balanced, low-fat, high fiber diet in conjunction with regular physical exercise to help achieve or maintain normal body weight.

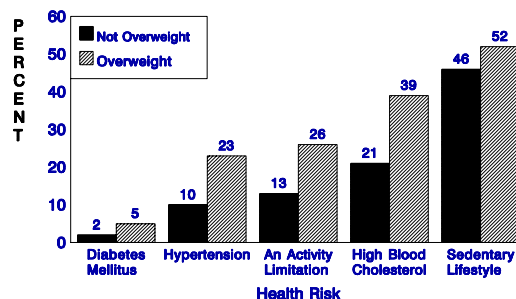
Who's At Risk

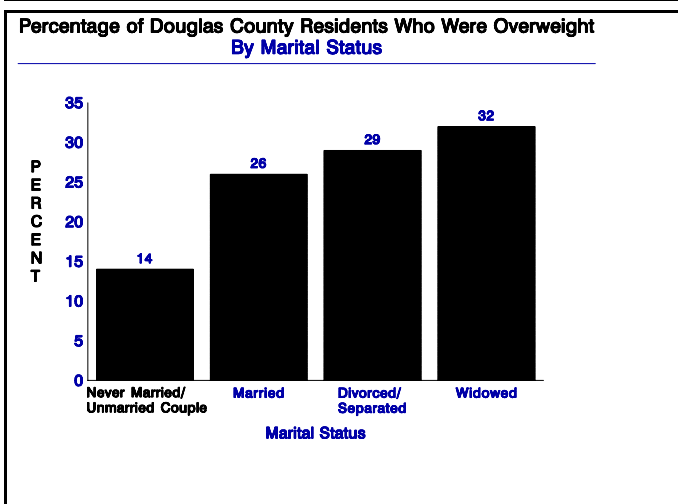
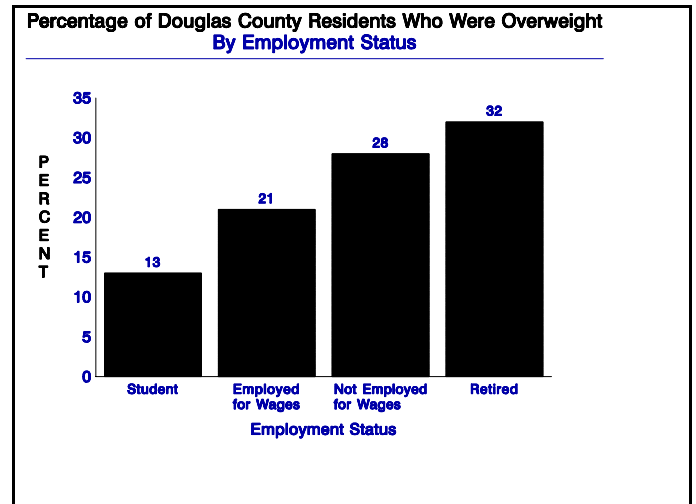
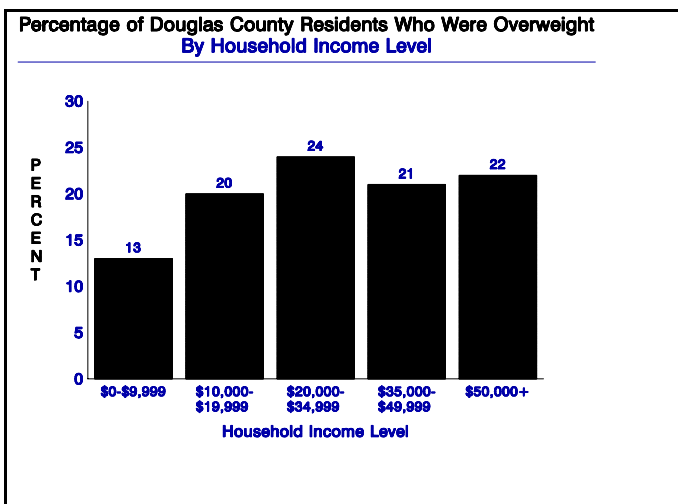
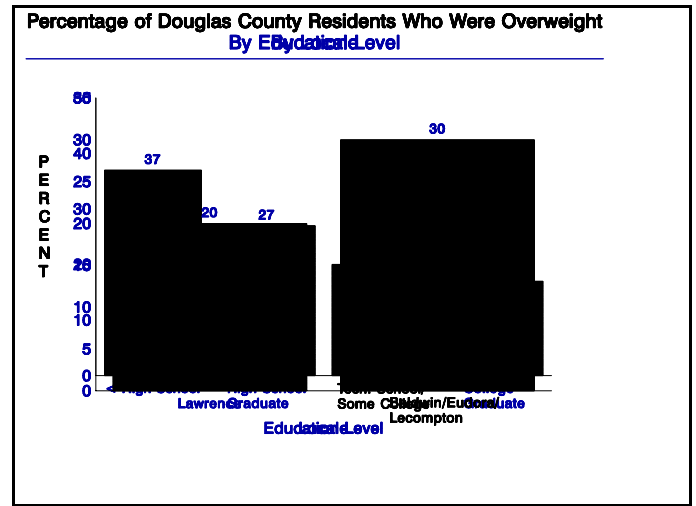
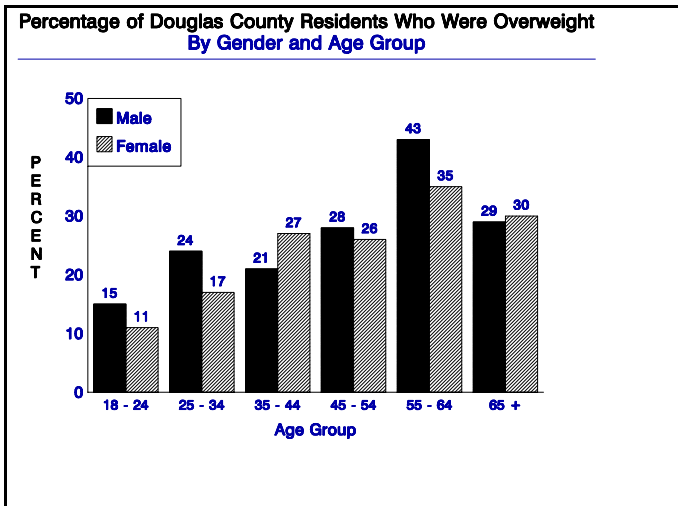
According to self-reported height and weight, 21% of survey respondents were overweight based on body mass index. Males reported being overweight (23%) more often than females (20%). The proportion of respondents who were overweight increased with advancing age until age 65 at which point it began to decrease. The proportion of persons who reported being overweight decreased with greater educational attainment. Persons who were retired, not employed for wages, divorced or separated, widowed, or living in Baldwin, Eudora, or Lecompton more frequently reported that they were overweight.

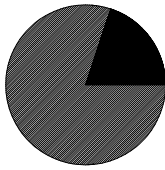
Characteristics of Overweight Persons

Among respondents who were overweight, 72% had seen a doctor for a routine check-up during the past twelve months; yet only 34% of overweight persons who had received a routine check-up within the last twelve months had been advised by a health professional to lose weight. Among persons who were overweight, 63% reported they were currently trying to lose weight. Females who were overweight reported trying to lose weight (73%) more often than males who were overweight (54%). Among overweight persons trying to lose weight, 89% were watching their diet to lose weight, 83% reported exercising to lose weight, and 74% were exercising and watching their diet to lose weight. Among overweight persons who were watching their diet to lose weight, 12% were eating fewer calories, 35% were eating less fat, and 53% were eating both fewer calories and less fat. Overweight persons were more likely to report that they had high blood cholesterol, diabetes mellitus, hypertension, and/or an activity limitation than non-overweight persons.

**Comparison of Select Health Risks
Among Douglas County Residents
By Weight Status**





**Need Dental Work
At Risk 20%**

Lacked a Recent Dental Visit: Respondents who reported that they had not visited a dentist or dental clinic in the last year.

Needed Dental Work: Respondents who reported that they needed dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal.

Lacked Dental Coverage: Respondents who reported that they did not have any kind of insurance coverage that paid for some or all of their routine dental care including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid.

Dental Health

Background

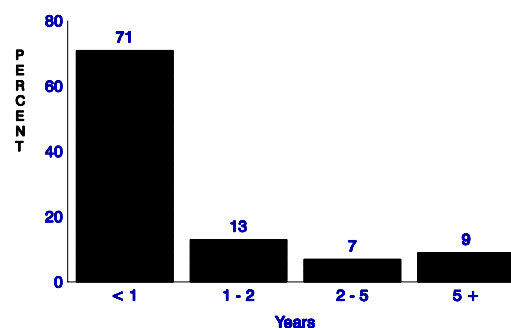
Dental disease is one of the most common health problems in the United States and most adults will have dental health problems at some point in their lives. According to the last national survey (1986-1987), only 50% of children age 5 to 17 were completely free of decay and restorations in their permanent teeth, and the average adult has 10 to 17 decayed, missing, or filled permanent teeth¹⁹. Approximately 50% of all adults have gingivitis (gum inflammation) and 80% have experienced some degree of periodontitis (inflammation of the gums causing the destruction of the bone that supports the teeth, leading to tooth loss)¹⁹. Among U.S. adults over age 45, 22% have none of their natural teeth remaining and over half of adults over age 65 have lost all their natural teeth¹⁹. Because dental disease is often irreversible, prevention is extremely important. The American Dental Association recommends that adults should see a dentist for routine dental care and oral hygiene counseling at least once a year. To help prevent dental disease a person should brush and floss their teeth daily, and make sure to get adequate calcium and fluoride.

Who's at Risk Among Kansans

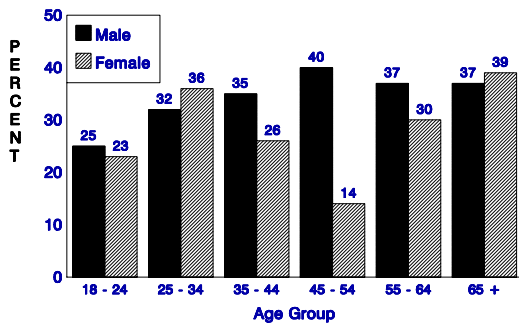
Nearly three-tenths (29%) of respondents reported that they had not seen a dentist during the last year. Males were slightly more likely to report that they had not visited the dentist during the last year (31%) than females (28%). The percentage of respondents who had not seen a dentist during the past year generally decreased with greater educational attainment. Respondents who were not employed for wages, retired, widowed, or from Baldwin, Eudora, or Lecompton more

commonly reported that they had not visited a dentist during the last year. The most common reasons for not seeing a dentist during the past year were: no reason to go such as no problem or no teeth (35%), cost (21%), fear, apprehension, pain, nervousness, or dislike of going (13%), other priorities (9%), and had not thought of it (7%).

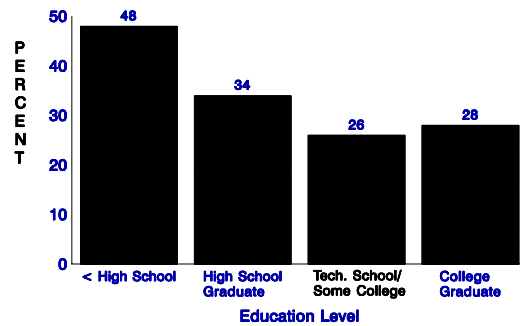
Length of Time Since Last Dental Visit Among Douglas County Residents



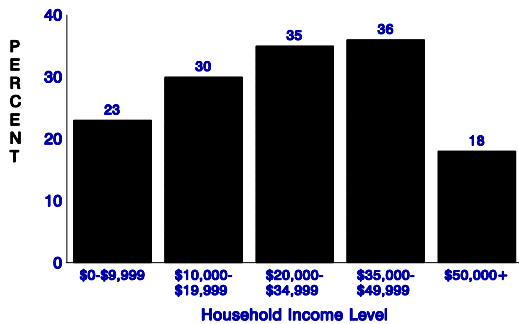
Percentage of Douglas County Residents Who Had Not Visited a Dentist or Dental Clinic Within the Last Year By Gender and Age Group



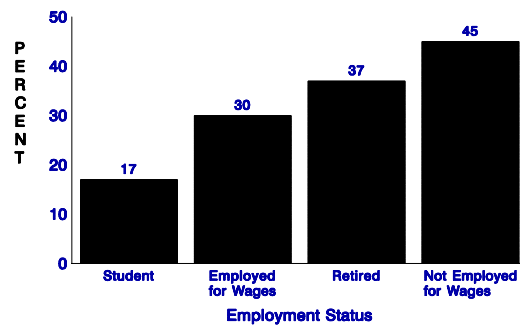
Percentage of Douglas County Residents Who Had Not Visited a Dentist or Dental Clinic Within the Last Year By Education Level



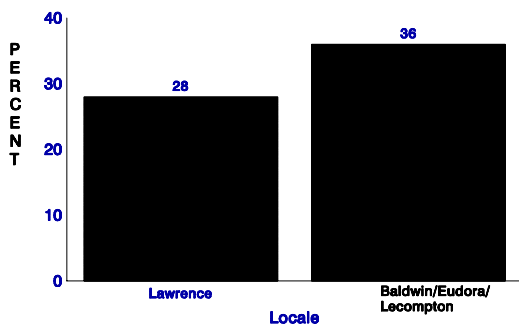
Percentage of Douglas County Residents Who Had Not Visited a Dentist or a Dental Clinic Within the Last Year By Household Income Level



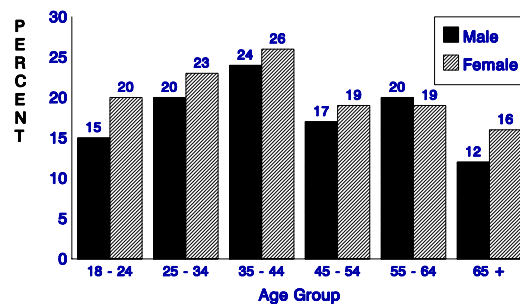
Percentage of Douglas County Residents Who Had Not Visited a Dentist or a Dental Clinic Within the Last Year By Employment Status



Percentage of Douglas County Residents Who Had Not Visited a Dentist or Dental Clinic Within the Last Year By Locale



Percentage of Douglas County Residents Who Needed Dental Work By Gender and Age Group

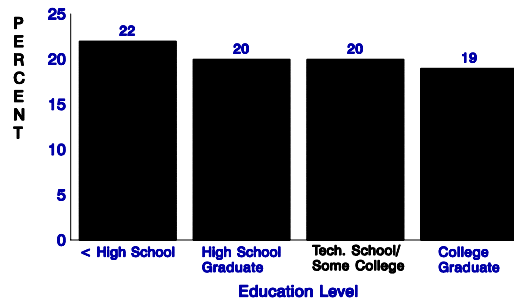


Seven tenths (71%) of respondents reported that none of their permanent teeth had been removed because of tooth decay or gum disease, 18% reported that one to five of their teeth had been removed due to decay or disease, 5% reported that at least six but not all of their teeth had been removed, and 5% reported that all of their teeth had been removed due to tooth decay or gum disease.

When asked if they needed any dental services such as fillings, dentures or partials, teeth pulled, crowns, or root canal, 20% of respondents reported that they need some kind of dental work. Females more commonly reported that they needed dental work (21%) than males (18%). The percentage of respondents who needed dental work generally decreased with rising household income and higher levels of education.

Respondents who were not employed for wages, divorced or separated, or from Baldwin, Eudora, or Lecompton were most likely to report that they needed dental services. Among persons who needed dental work, 68% needed tooth restoration work such as fillings, caps or crowns, or root canal, 25% needed rehabilitative services such as tooth extraction, dentures, or partials, and 7% needed both tooth restoration work and rehabilitative services.

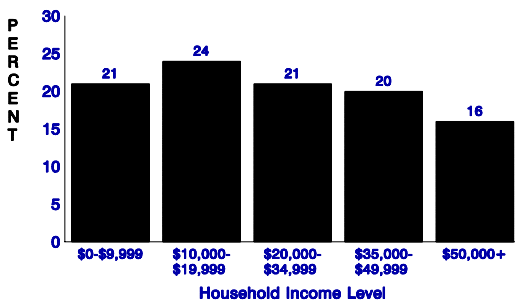
**Percentage of Douglas County Residents
Who Needed Dental Work
By Education Level**



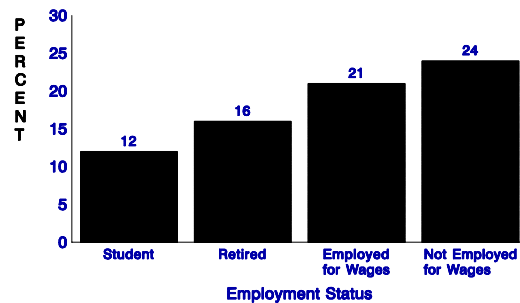
Dental Coverage

Over one-third (36%) of respondents reported that they lacked any kind of insurance coverage that paid for some or all of their routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid. Females more frequently reported lacking dental coverage (38%) than males (34%). The percentage of persons who lacked dental coverage generally decreased with rising household income and higher levels of education. Respondents who were aged 65 and older, self-employed, retired, widowed, or divorced or separated more frequently reported that they lacked dental coverage. Persons without dental coverage were more likely to report lacking a recent dental visit (40%) than persons with dental coverage (23%). Respondents without dental coverage were also more likely to report needing dental work (25%) than respondents with dental coverage (17%).

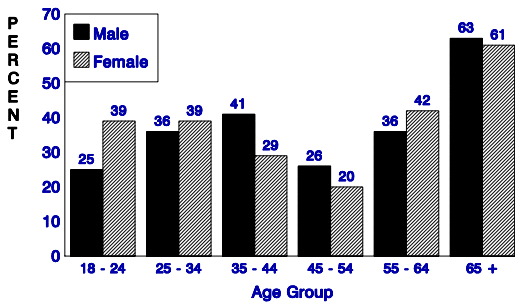
Percentage of Douglas County Residents Who Needed Dental Work By Household Income Level



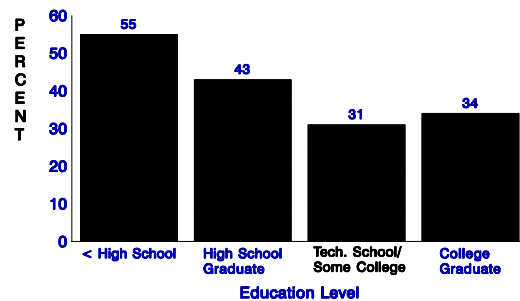
Percentage of Douglas County Residents Who Needed Dental Work By Employment Status



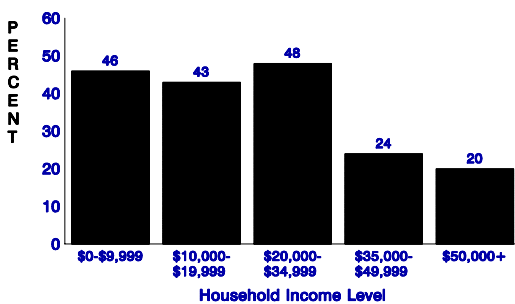
Percentage of Douglas County Residents Who Lacked Dental Coverage By Gender and Age Group



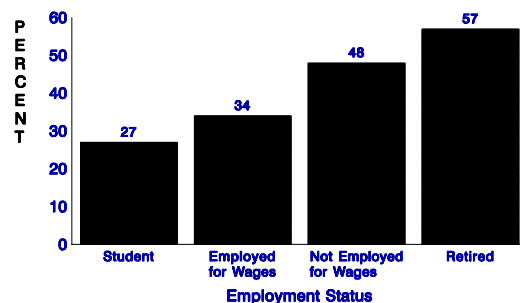
Percentage of Douglas County Residents Who Lacked Dental Coverage By Education Level



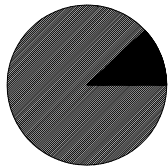
Percentage of Douglas County Residents Who Lacked Dental Coverage By Household Income Level



Percentage of Douglas County Residents Who Lacked Dental Coverage By Employment Status



**Limiting Injury
At Risk 12%**



Suffered Limiting Injury: *Respondents who reported that they had suffered an injury serious enough to keep them from doing their regular activities for at least one day during the past year.*

Injury

Background

Injuries are the fourth leading cause of death in Kansas⁵ and the leading cause of death for Kansans aged 1 to 44. In the United States an estimated 6% of all deaths, 8% of all hospital discharges and 37% of all emergency department visits are due to injuries²⁰. Injuries are the leading cause of years of life lost prematurely and lifetime costs per death²¹.

Injuries can be divided into two types: unintentional injuries, which comprise two-thirds of injury deaths; and intentional injuries, which make up the remaining one-third of injury deaths²¹. Unintentional injuries include but are not limited to: motor vehicle crashes, falls, drowning, burns, poisoning, and suffocation. Intentional injuries include homicide, suicide, and any injury inflicted on purpose.

Who's At Risk

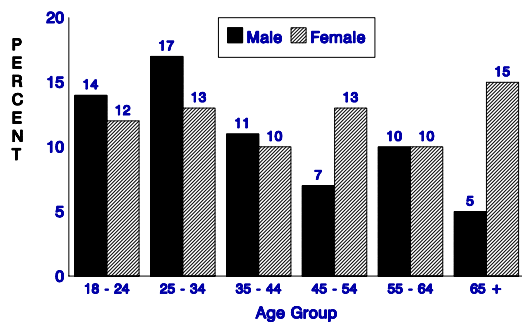
Twelve percent of respondents reported that they had been injured seriously enough to keep them from doing their regular activities for at least one day during the past year. Males and females report similar proportions of limiting injuries (males: 13%; females 12%).

The percentage of persons who reported a limiting injury decreased with greater educational attainment. Respondents who were not employed for wages, widowed, or with household income below \$20,000 more frequently reported having had a limiting injury.

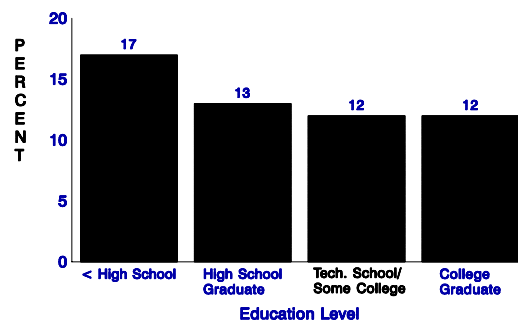
Injury Characteristics

Persons who had suffered a limiting injury during the past year were asked some additional questions. If a respondent had suffered more than one limiting injury during the past year, they were asked about the most serious limiting injury they had suffered. Nearly one-fifth (18%) of limiting injuries occurred at work. The most commonly reported locations at which injuries occurred were: the home (32%), recreational place (16%), public building (15%), street/highway/road (14%), industrial place (6%), and farm/ranch (3%). The most frequent causes of injury were: falls (34%), lifting/carrying/pushing object (14%), motor vehicle crashes (11%), overexertion (8%), machinery (4%), fire/burn (3%), and cut/pierce (3%). Only 2% of reported injuries that were intentionally inflicted, 96% of injuries were unintentional, and in 2% of injuries it was unknown whether the injury was intentional. Over three-fourths (76%) of respondents who suffered a limiting injury reported that they had sought medical treatment from a health professional for their injury. The sites of treatment most often reported were: an emergency room or urgent care center (36%), a doctor's office or HMO (35%), hospital (16%), and health clinic or walk-in center (9%).

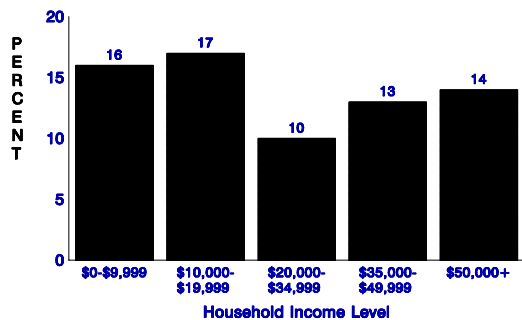
Percentage of Douglas County Residents Who Had Suffered a Limiting Injury During the Past Year By Gender and Age Group



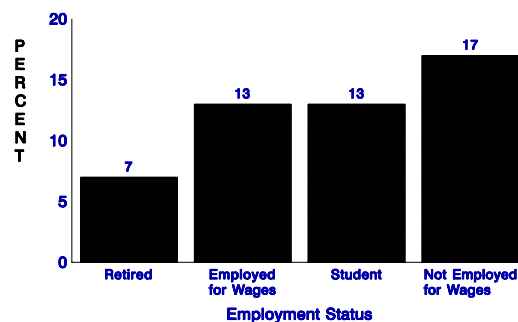
Percentage of Douglas County Residents Who Had Suffered a Limiting Injury During the Past Year By Education Level



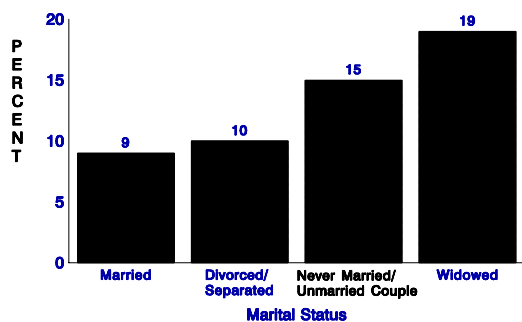
Percentage of Douglas County Residents Who Had Suffered a Limiting Injury During the Past Year By Household Income Level



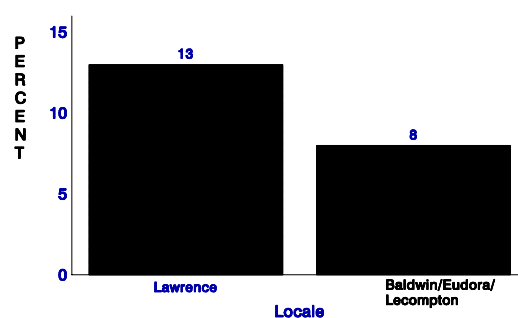
Percentage of Douglas County Residents Who Had Suffered a Limiting Injury During the Past Year By Employment Status



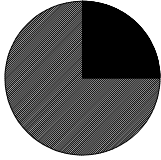
Percentage of Douglas County Residents Who Had Suffered a Limiting Injury During the Past Year By Marital Status



Percentage of Douglas County Residents Who Had Suffered a Limiting Injury During the Past Year By Locale



Lacked a Recent
Mammogram
At Risk 25%



Lacked A Recent Clinical Breast Exam: *Female respondents who have not had a recent clinical breast exam (within the past 3 years for women aged 20-39; within the past 2 years for women aged 40 and older).*

Lacked A Recent Mammogram: *Female respondents aged 40 and older who have not had a mammogram within the past two years.*

Breast Cancer Screening

Background

Breast cancer is the most commonly occurring cancer and second leading cause of cancer death among women. Every year in Kansas over 1,100 new cases of breast cancer are diagnosed²², and nearly 400 women die from breast cancer⁵. Current national projections are that one woman in eight will develop breast cancer at some time in her life¹⁵. Risk factors for breast cancer are advancing age, family history of breast cancer, and hormonal factors such as early onset of menstruation, late menopause, no full term pregnancies or first pregnancy after the age of 30. Breast cancer rarely occurs in men. Because these risk factors are biological and difficult or impossible to control, the best way to reduce breast cancer mortality is through regular breast cancer screenings to detect the disease in the early stages. By following the screening guidelines for clinical breast exam and mammography the number of breast cancer deaths could be reduced by over 30%⁸. The American Cancer Society guidelines for the early detection and prevention of breast cancer include monthly self breast exam for all women, a clinical breast exam every 3 years for women aged 20-39, and for women aged 40-49 a clinical breast examination every year and a mammogram every one to two years. Women aged 50 and older should receive a clinical breast exam and mammogram every year.

Who's At Risk

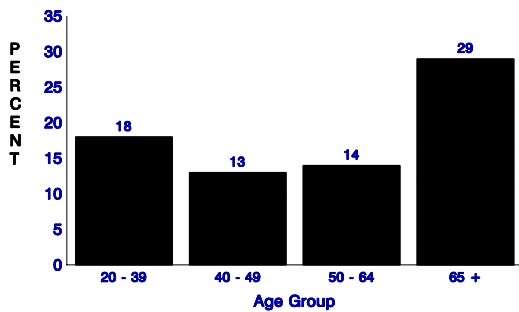
Among female respondents who were twenty to thirty-nine years of age, 18% had not received a clinical breast exam within the previous three years. Nearly 15% of women in this age group reported that they had never received a clinical breast exam.

Among female respondents aged 40 to 49, 13% reported that they had not received a clinical breast exam within the past two years, including 8% who reported never having received a clinical breast exam. A quarter (25%) of female respondents aged 40 to 49 had not received a mammogram during the last two years, including 19% who had never received a mammogram. Two-fifths (39%) of females aged 40 to 49 had not received a mammogram and a clinical breast exam within the previous two years.

Among female respondents aged fifty and older, 22% had not received a clinical breast exam during the past two years, including 12% who had never had a clinical breast exam. One-fifth (19%) of females aged 50 and older reported that they had not received a mammogram within the last two years, including 7% who had never had a mammogram. Twenty-eight percent of females aged 50 and older reported they had not received a mammogram and a clinical breast exam within the previous two years.

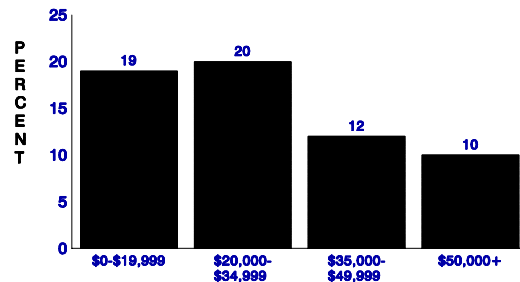
The proportion of female respondents who had not received the breast cancer screening recommended for their age group was greatest among females for who were widowed, not employed for wages, or from Baldwin, Eudora, or Lecompton.

**Percentage of Douglas County Females Aged 20 and Older Who Lacked a Recent Clinical Breast Exam*
By Age Group**



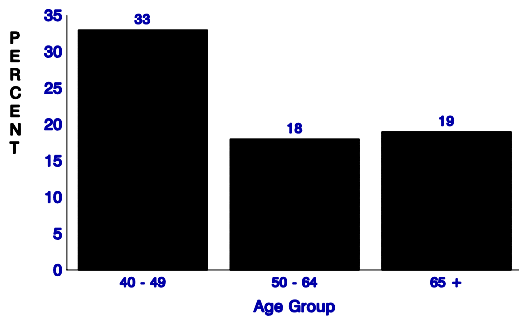
* Within the past 3 years females aged 20-39; within the past 2 years females aged 40 and older

**Percentage of Douglas County Females Aged 20 and Older Who Lacked a Recent Clinical Breast Exam*
By Household Income Level**

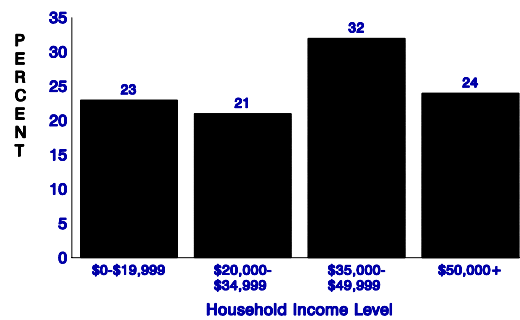


* Within the past 3 years females aged 20-39; within past 2 years females aged 40 and older

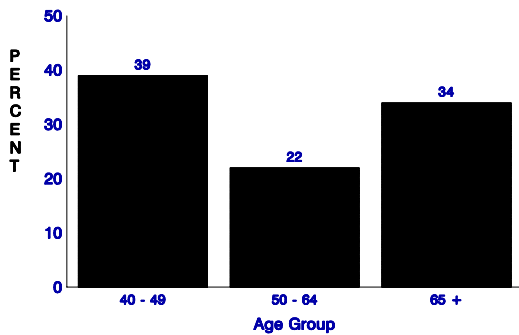
**Percentage of Douglas County Females Aged 40 and Older Who Lacked a Recent Mammogram
By Age Group**



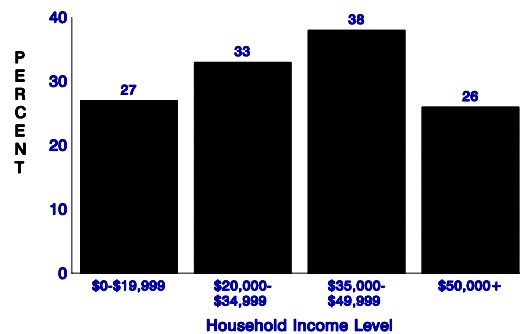
**Percentage of Douglas County Females Aged 40 and Older Who Lacked a Recent Mammogram
By Household Income Level**



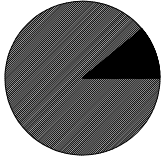
Percentage of Douglas County Females Aged 40 and Older Who Lacked Both a Recent Mammogram and a Recent Clinical Breast Exam, By Age Group



Percentage of Douglas County Females Aged 40 and Older Who Lacked Both a Recent Mammogram and a Recent Clinical Breast Exam, By Household Income Level



Lacked a Recent
Pap Smear Test
At Risk 11%



Lacked A Recent Pap Smear Test: *Female respondents, with a uterine cervix, who reported they had not received a pap smear test within the past two years.*

Cervical Cancer Screening

Background

Cancer of the uterine cervix is the fourth most commonly diagnosed cancer among women. Every year in Kansas approximately 400 women are diagnosed with cervical cancer¹⁵. Risk factors for cervical cancer include early age at first intercourse, multiple sex partners, cigarette smoking, and infection with certain types of the human papillomavirus. The American Cancer Society recommends that a Pap smear test be performed annually with a pelvic examination in women who are, or have been, sexually active or who have reached 18 years of age. Regular use of the Pap smear test to screen for cervical cancer (followed by appropriate treatment when needed) could reduce the risk of death by as much as 75%⁸.

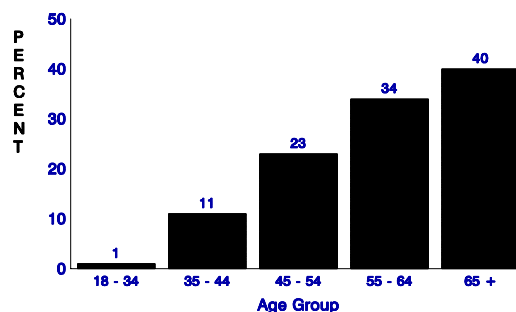
Who's At Risk

Among female respondents, 11% had a hysterectomy, 88% had not had a hysterectomy, and 1% refused to answer. The percentage of female respondents who had received a hysterectomy increased with advancing age and decreased with greater educational attainment.

One-tenth (11%) of female respondents with a uterine cervix reported that they had not received a Pap smear test within the last two years, including 7%

who reported that they had never received a Pap smear test. The proportion of females with a uterine cervix who had not received a Pap smear test during the previous two years decreased with greater educational attainment and rising household income. Females who were aged 55 and older, widowed, or retired were more likely to report that they had not received a Pap smear test with the previous two years.

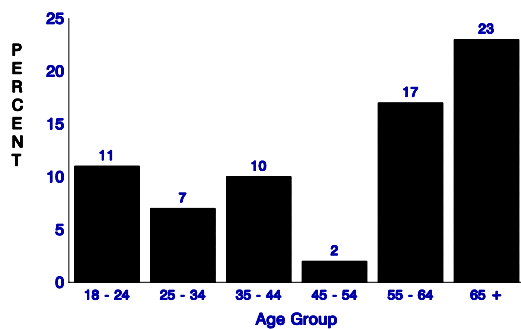
Percentage of Female Douglas County Residents Who Had Received a Hysterectomy
By Age Group



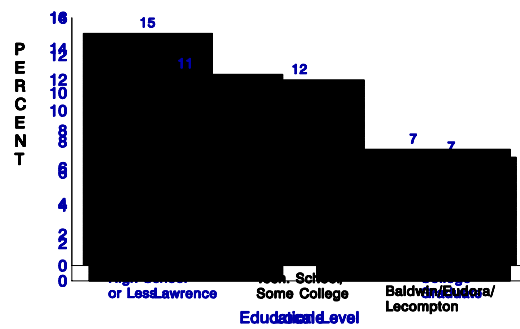
Reason for Last Pap Smear Test

Among female respondents who had ever received a Pap smear test, 95% reported it was part of a routine check-up, 4% reported it was to check a current or previous problem, 1% responded it was done for some other reason, and 1% were unsure or refused to answer.

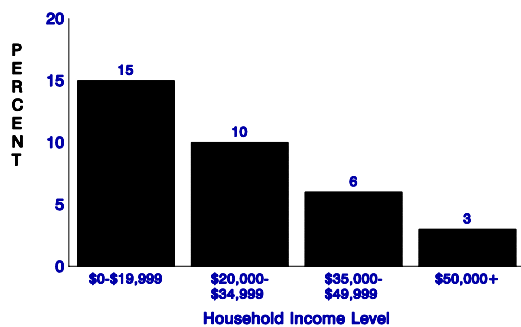
Percentage of Females With a Uterine Cervix Who Had Not Received a Pap Smear Test Within the Past 2 Years By Age Group



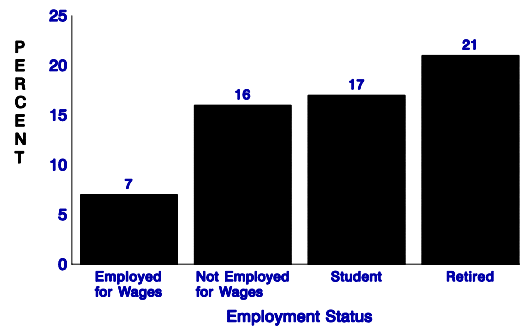
Percentage of Females With a Uterine Cervix Who Had Not Received a Pap Smear Test Within the Past 2 Years By Education Level



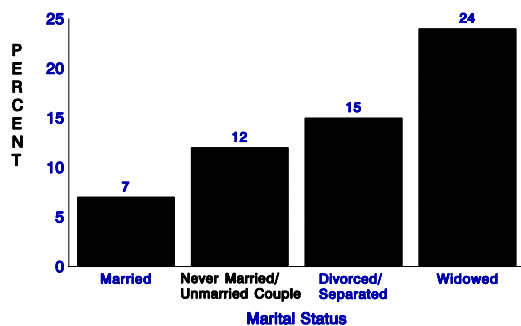
Percentage of Females With a Uterine Cervix Who Had Not Received a Pap Smear Test Within the Past 2 Years By Household Income Level



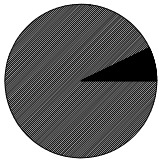
Percentage of Females With a Uterine Cervix Who Had Not Received a Pap Smear Test Within the Past 2 Years By Employment Status



Percentage of Females With a Uterine Cervix Who Had Not Received a Pap Smear Test Within the Past 2 Years By Marital Status



Sad, Blue, or
Depressed
At Risk 7%



Sad, Blue, or Depressed: Respondents who reported they felt sad, blue, or depressed 14 or more days during the past 30 days.

Worried, Tense, or Anxious: Respondents who reported they felt worried, tense, or anxious 14 or more days during the past 30 days.

Not Enough Rest or Sleep: Respondents who reported that they did not get enough rest or sleep 14 or more days during the past 30 days.

Not Very Healthy and Full of Energy: Respondents who reported that they did not feel very healthy and full of energy for 14 or more days during the past 30 days.

Mental Health

Background

Mental health refers not only to the absence of mental disorders, but also to the ability of an individual to negotiate the daily challenges and social interactions of life without experiencing cognitive, emotional, or behavioral problems⁸. Mental disorders, such as depression, anxiety disorders, and schizophrenic disorders, affect an estimated 23 million persons in the United States⁸. Depressive disorders affect approximately 4% of Americans; major depression is characterized by prolonged and unrelenting sadness, loss of interest in virtually all activities, fatigue, changes in eating and sleeping patterns, feelings of worthlessness, impaired concentration, and thoughts of death or suicide^{8, 23}. Anxiety disorders, the most common mental disorders, affect approximately 7% of the population, and range from phobias such as fear of snakes, to global, highly incapacitating disorders, such as agoraphobia, panic disorder, and obsessive compulsive disorder⁸. Mental disorders can be highly debilitating. Research has shown that the level of disability associated with depression is similar to or greater than that of several major chronic medical conditions⁸. Effective treatments are available for most mental disorders, incorporating behavioral, cognitive, and pharmacological approaches. However, many persons do not seek or receive appropriate treatment; for example, less than a third of persons with depression receive any treatment at all⁸.

Who's At Risk

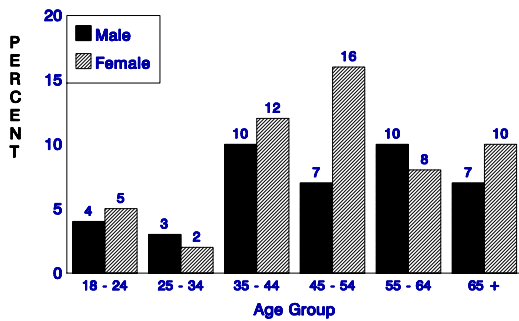
Seven percent of respondents reported feeling sad, blue, or depressed for at least fourteen days during the past thirty days. The proportion of respondents who felt sad blue or depressed decreased with higher levels of education and rising household income. Persons who were not employed for wages, widowed, divorced or separated were more likely to report being sad, blue, or depressed.

One-sixth (16%) of respondents reported being worried, tense, or anxious for fourteen or more days during the past thirty days. Being worried, tense, or anxious was reported more often by respondents who were aged 45 to 54, respondents with household incomes of less than \$10,000, respondents who were students, not employed for wages, never married, or a member of an unmarried couple.

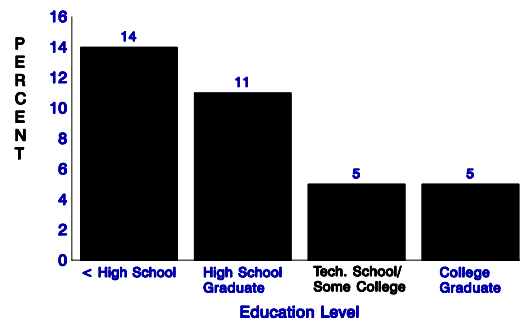
Three-tenths (31%) of respondents reported that they did not get enough rest or sleep fourteen or more days during the past thirty days. The proportion of persons who did not get enough rest or sleep decreased with advancing age. Respondents who were students,

never married or a member of an unmarried couple, and who had household incomes below \$20,000 more frequently reported not getting enough rest or sleep.

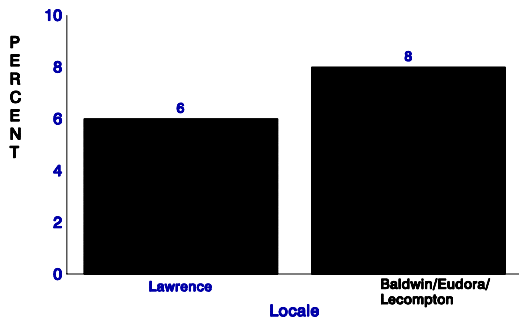
Percentage of Douglas County Residents Who Felt Sad, Blue, or Depressed 14 or More Days During the Past 30 Days, By Gender and Age Group



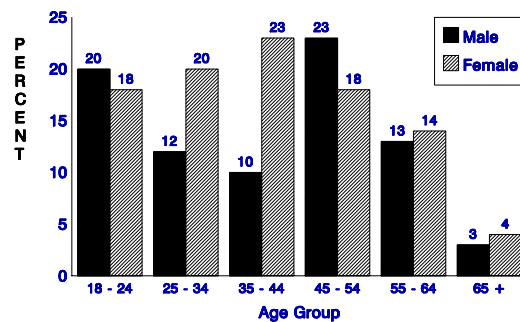
Percentage of Douglas County Residents Who Felt Sad, Blue, or Depressed 14 or More Days During the Past 30 Days, By Education Level



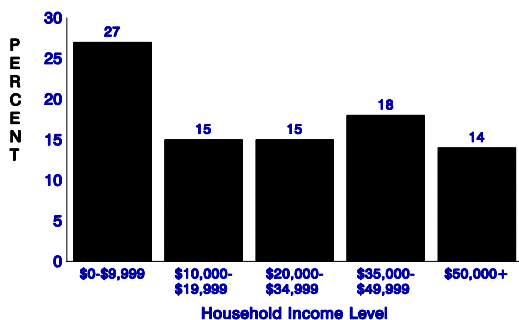
Percentage of Douglas County Residents Who Felt Sad, Blue, or Depressed 14 or More Days During the Past 30 Days, By Locale



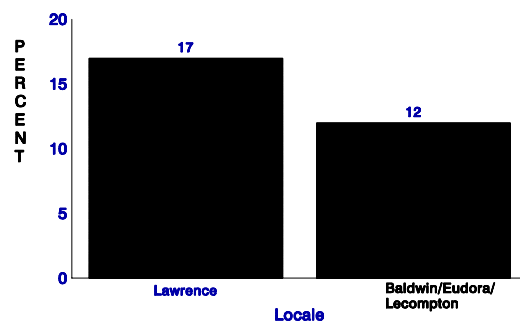
Percentage of Douglas County Residents Who Felt Worried, Tense, or Anxious 14 or More Days During the Past 30 Days, By Gender and Age Group



Percentage of Douglas County Residents Who Felt Worried, Tense, or Anxious 14 or More Days During the Past 30 Days, By Household Income Level

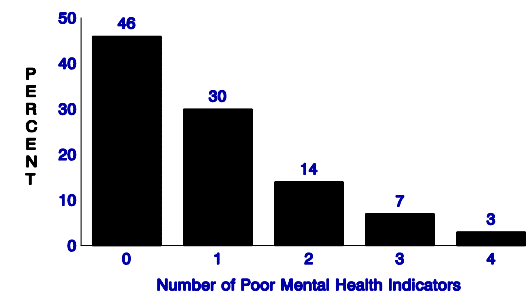


Percentage of Douglas County Residents Who Felt Worried, Tense, or Anxious 14 or More Days During the Past 30 Days, By Locale



Nearly two-fifths (43%) of respondents reported that they did not feel very healthy and full of energy fourteen or more days during the past thirty days. The percentage of respondents who did not feel very healthy and full of energy decreased with greater educational attainment and rising household income.

Number of Poor Mental Health At Risk Indicators* Experienced By Douglas County Residents During the Past Thirty Days



* Indicators: Sad, Blue, or Depressed 14 or More Days; Worried, Tense, or Anxious 14 or More Days; Not Enough Rest or Sleep 14 or More Days; Did Not Feel Very Healthy & Full of Energy 14 or More Days

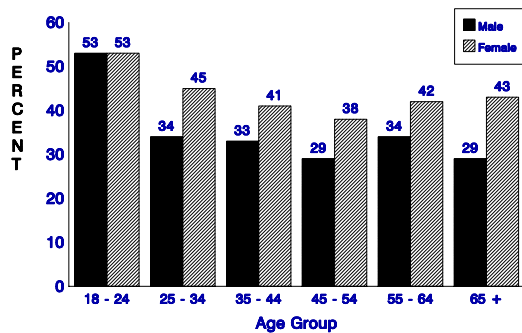
Experiencing symptoms such as depressed mood, emotional tension, loss of energy or lack of rest is a common and expected part of life. Yet the presence of any of these symptoms will make a person feel less than optimally healthy. Reducing the conditions in the community that lead to these symptoms should improve the quality of life in the community.

The presence of mental health symptoms should not be confused with clinically diagnosed mental illness; however, since these indicators attempt to measure symptoms associated with depression, it is likely that persons reporting multiple mental health symptoms will have an increased risk of having a mental illness such as depression. Three percent of respondents reported four mental health risk indicators, 7% reported three mental health risk indicators, 14% reported two mental health risk indicators, 30% reported one mental health risk indicator, and 43% reported no mental health risk indicators.

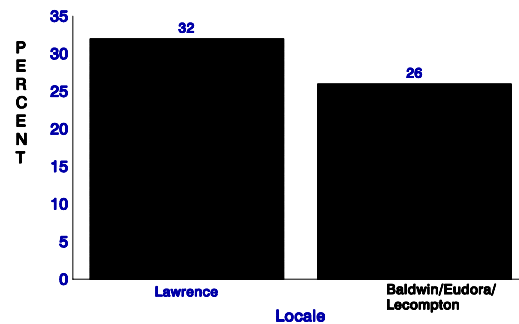
Social Support and Life Satisfaction

Respondents were asked how often they received the social and emotional support they needed. Forty-four percent replied always, 36% said usually, 14% reported sometimes, 3% responded rarely, 2% replied never, and 2% were unsure or refused to answer. Respondents were questioned regarding the number of close friends or relatives who would help them with your emotional problems or feelings if they needed it. Eighty-six percent of respondents reported having three or more close friends or relatives who would help them with emotional problems, 4% had two friends or relatives to help them, 2% had a friend or relative who would help them, 1% had no one to help them, and 7% were unsure or refused to answer. When asked "In general, how satisfied are you with your life?", 41% were very satisfied, 54% were satisfied, 3% were dissatisfied, 1% were very dissatisfied, and 2% were unsure or refused to answer.

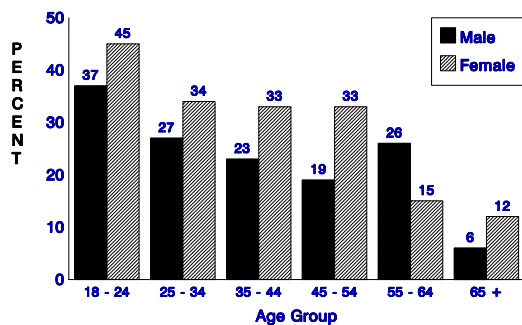
Percentage of Douglas County Residents Who Did Not Feel Very Healthy and Full of Energy 14 or More Days During the Past 30 Days, By Age Group and Gender



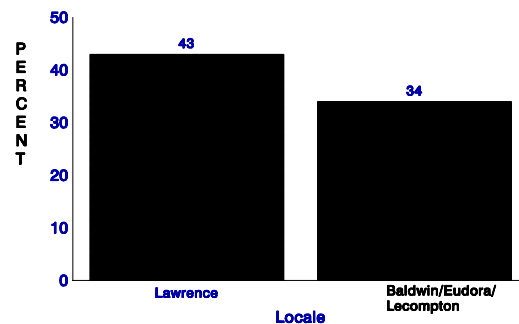
Percentage of Douglas County Residents Who Felt They Did Not Get Enough Rest or Sleep 14 or More Days During the Past 30 Days, By Locale



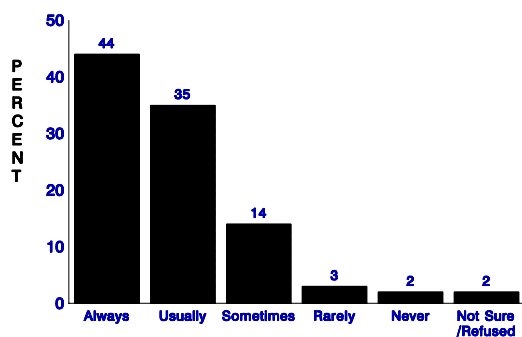
Percentage of Douglas County Residents Who Felt They Did Not Get Enough Rest or Sleep 14 or More Days During the Past 30 Days, By Age Group and Gender



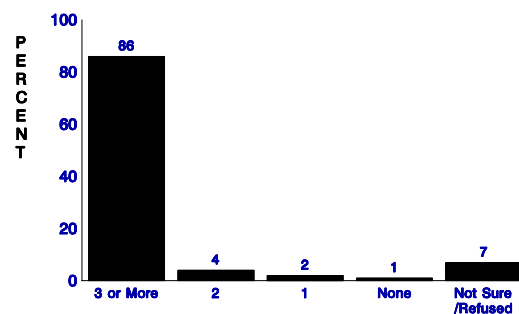
Percentage of Douglas County Residents Who Did Not Feel Very Healthy and Full of Energy 14 or More Days During the Past 30 Days, By Locale



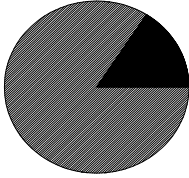
How Often Douglas County Residents Got the Social and Emotional Support They Needed



How Many Friends or Relatives Would Help Douglas County Residents With Their Emotional Problems or Feelings if They Need It.



**Activity Limitation
At Risk 16%**



Activity Limitation: Respondents who reported they were either limited in any way in any activity due to any impairment or health problem, were limited in the kind or amount of work they could do, had trouble learning, remembering, or concentrating, or needed special equipment or help to get around.

Routine Care Limitations: Respondents who reported they needed help with routine care needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes.

Personal Care Limitations: Respondents who reported they needed help with personal care needs such as eating, bathing, dressing, or getting around the house.

Activity Limitations

Background

Activity limitation refers to a person's inability to perform activities such as, but not limited to, work, school, recreation, or various activities of daily living such as eating, dressing, cleaning, or shopping. Approximately 13% of Americans have physical or mental impairments that limit their activities, and more than 3% are estimated to need help with either routine and/or personal care needs⁸. Persons with severe routine and personal care limitations are at greater risk of being institutionalized, especially in the absence of a spouse or other family member to help with health and maintenance needs⁸.

Who's At Risk

One-sixth (16%) of respondents reported being limited in any way in any activity due to an impairment or health problem. Females reported having an activity limitation (21%) more often than males (12%). The percentage of respondents who had an activity limitation generally increased with advancing age and decreased with greater educational attainment.

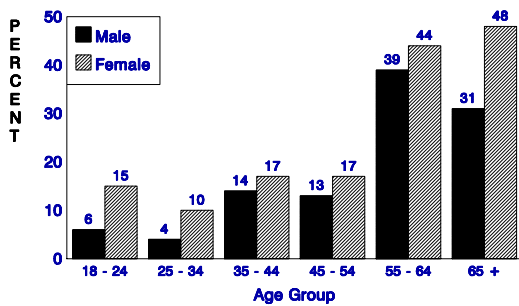
Respondents who were not employed for wages, retired, widowed, or lived in Baldwin, Eudora, or Lecompton more frequently reported having an activity limitation. Three percent of respondents reported having a routine care limitation, with females reporting that they had routine care limitation (4%) more often than males (1%). Respondents who were aged 55 and older, had less than a high school education, were not employed for wages, retired, and widowed were more likely to report having a routine care limitation. One percent of respondents reported having personal care limitations. The percentage of respondents who had a personal care limitation was highest among persons who were aged 65 and older, had less than a high school education, not employed for wages, retired, and widowed. Among respondents under age 65, 9% were limited in the kind or amount of work they could do due to a health impairment or problem. Six percent of respondents had problems learning, remembering, or concentrating.

Characteristics of Persons With Activity Limitations

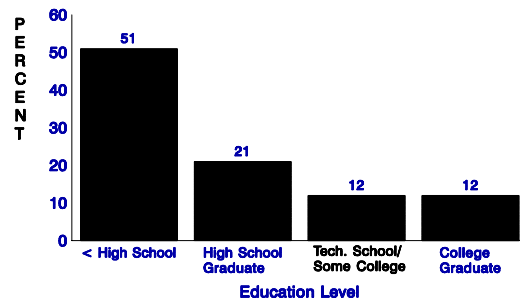
The most commonly reported primary impairments or health problems that resulted in activity limitation were back or neck problem (16%), arthritis\rheumatism (10%), walking problem (8%), fracture or bone/joint injury (6%), lung or breathing problem (5%), heart problem (5%), eye/vision problem (4%), and hearing problem (3%). When asked how long their activities had been limited due to their major impairment or health problem, 16% had

been limited less than one year, 23% for 1 to 2 years, 16% for 3 to 5 years, 15% for 6 to 10 years, 8% for 11 to 19 years, 10% for 20 or more years, and 12% were unsure or refused to answer.

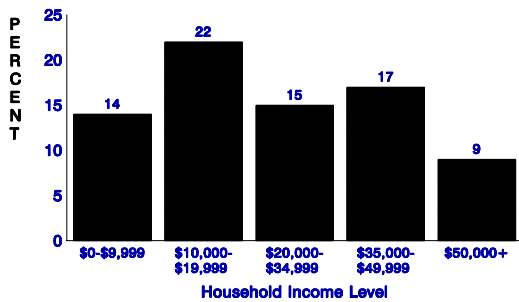
Percentage of Douglas County Residents Who Had an Activity Limitation By Gender and Age Group



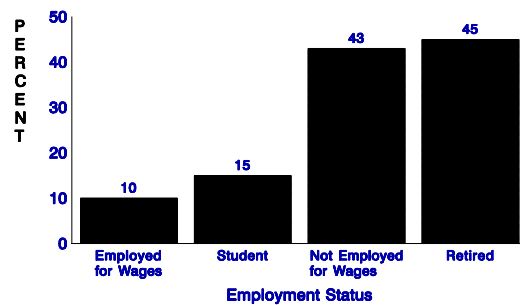
Percentage of Douglas County Residents Who Had an Activity Limitation By Education Level



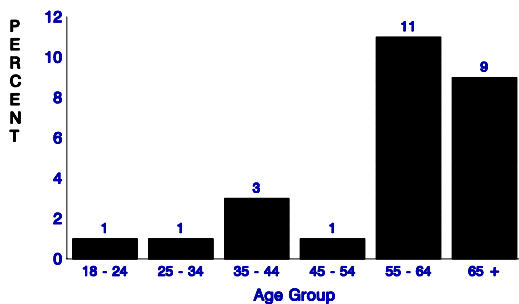
Percentage of Douglas County Residents Who Had an Activity Limitation By Household Income Level



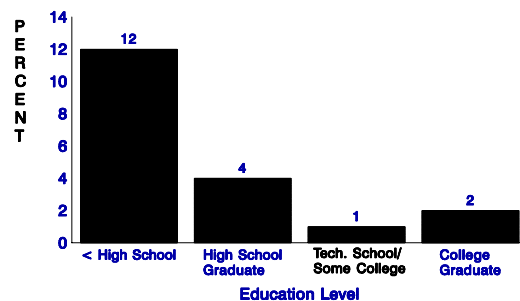
Percentage of Douglas County Residents Who Had an Activity Limitation By Employment Status



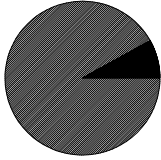
Percentage of Douglas County Residents Who Had a Routine Care Limitation By Age Group



Percentage of Douglas County Residents Who Had a Routine Care Limitation By Education Level



Violent
Neighborhood
At Risk 8%



Afraid to Leave Home at Night: *Respondents who reported they were very afraid, somewhat afraid, a little afraid to leave home at night.*

Violent Neighborhood: *Respondents who reported that they had seen a violent crime in their neighborhood within the last year.*

Known Abused Partner: *Respondents who reported that they had known or seen someone during the past year who was beaten or otherwise hurt by a spouse or partner.*

Violence and Crime

Background

Violent crimes take a heavy toll on the physical and mental well being of Kansans. In Kansas, according to the Kansas Bureau of Investigation (KBI) from 1985 to 1994 total crime index offenses (murder, rape, robbery, aggravated assault/battery, burglary, theft, and motor vehicle theft) increased 22% to 53.5 offenses per 1,000 persons and violent criminal offenses (murder, rape, robbery, and aggravated assault/battery) increased 26% to 4.4 violent offenses per 1,000 persons²⁴. From 1985 to 1994 in Kansas, murder increased 20%, rape increased 41%, robbery increased 50%, aggravated assault and battery increased 17%, burglary increased 58%, theft increased 6%, and motor vehicle theft increased 50%²⁴. Increasingly, violent crimes are being committed by juvenile offenders, with 22% of murder arrests, 16% of rape arrests, and 23% of aggravated assault and battery arrests being of juveniles, primarily males²⁴.

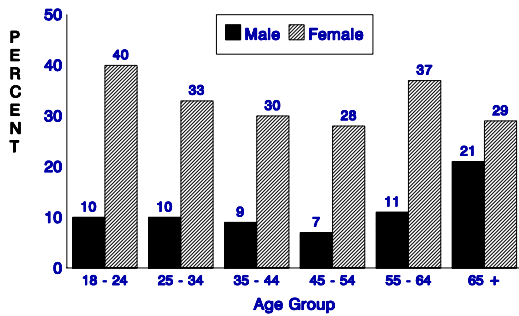
Who's At Risk

Nearly a quarter (23%) of respondents reported that they were afraid to leave their home at night. Females were much more likely to report that they were afraid to leave home at night (34%) than were males (10%). Persons with household incomes between \$10,000 and \$19,999, persons who were not employed for wages, students, retired, or widowed more frequently reported being afraid to leave their home at night.

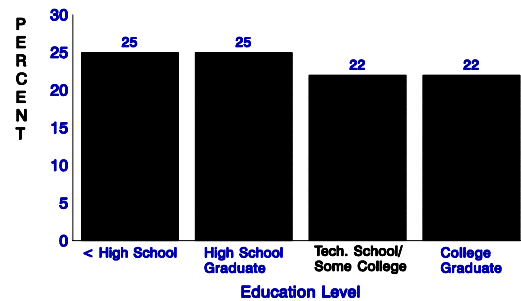
Nearly one-tenth (8%) of respondents reported that they had seen a violent crime in their neighborhood during the past year. Males were more likely to have seen a violent crime in their neighborhood during the last year (10%) than were females (6%). The proportion of persons who reported that they had seen a violent crime in their neighborhood during the past year decreased with advancing age. Respondents who were never married or a member of an unmarried couple, students, or had some college education were more likely to report that they had seen a violent crime in their neighborhood during the past year.

One-sixth (16%) of respondents reported that they had seen or known someone who had been abused by a partner during the past year. A roughly equal proportion of males and females reported knowing an abused partner (males: 17%; females: 16%). The proportion of persons who reported that they had seen or known an abused partner increased with greater educational attainment. Persons who were never married or a member of an unmarried couple, aged 18 to 24, or aged 45 to 54 more frequently reported that they had known an abused partner.

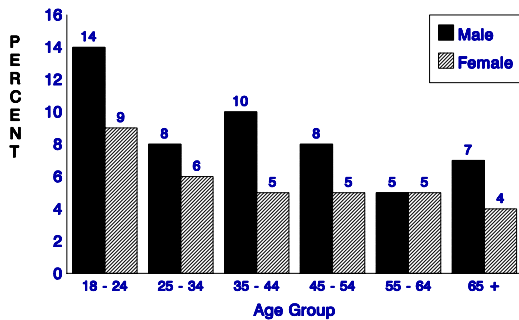
Percentage of Douglas County Residents Who Were Afraid to Leave Their Home at Night By Gender and Age Group



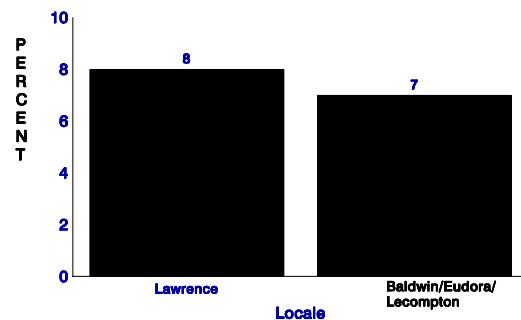
Percentage of Douglas County Residents Who Were Afraid To Leave Home At Night By Education Level



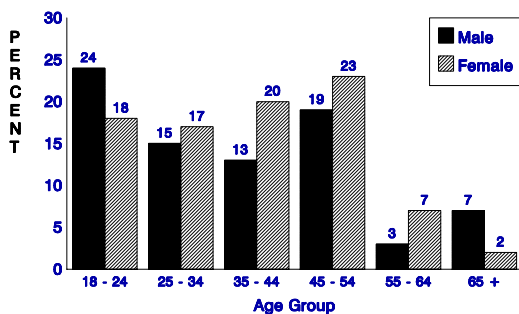
Percentage of Douglas County Residents Who Had Seen a Violent Crime in Their Neighborhood During the Past Year, By Gender and Age Group



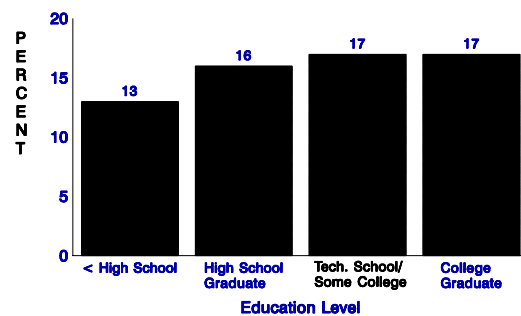
Percentage of Douglas County Residents Who Had Seen a Violent Crime in Their Neighborhood During the Past Year, By Locale



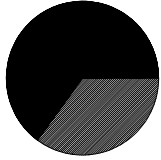
Percentage of Douglas County Residents Who Reported That They Had Known or Seen Someone Who Had Been Physically Abused by a Spouse or Partner During the Past Year, By Age Group and Gender



Percentage of Douglas County Residents Who Reported That They Had Known or Seen Someone Who Had Been Physically Abused by a Spouse or Partner During the Past Year, By Education Level



Lacked a Recent
Influenza Vaccination
At Risk 35%



Lacked A Recent Influenza Vaccination: *Persons aged 65 and older who had not received an influenza vaccination within the past twelve months.*

Never Received A Pneumonia Vaccination: *Persons aged 65 and older who had never received a pneumonia vaccination.*

Immunizations

Background

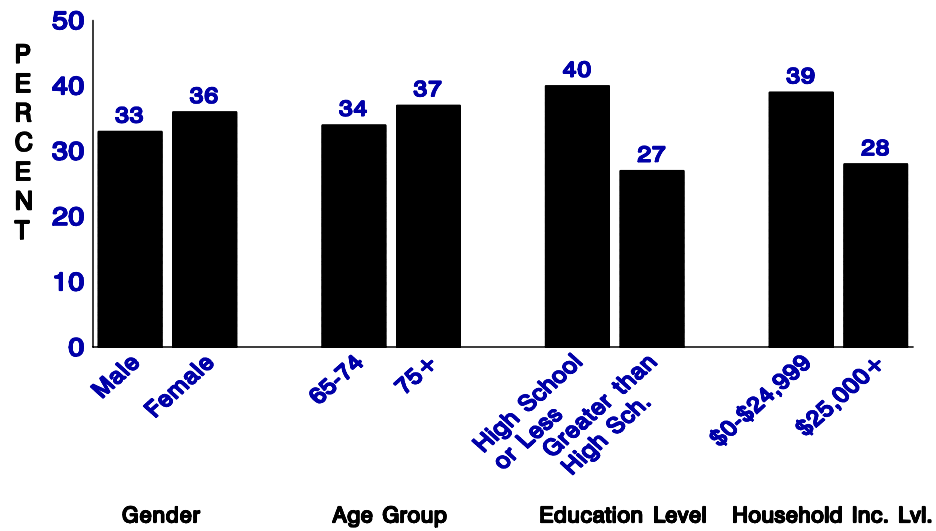
Influenza and pneumonia caused 907 deaths in Kansas in 1996, making them the sixth leading cause of death among Kansans⁵. Influenza, or the flu, is a highly contagious respiratory illness which primarily occurs in the winter months. It is caused by a virus spread both through the air and by person-to-person contact. The onset of influenza is sudden, with fever, chills, dry cough, headache, muscle aches, and fatigue²⁵. Influenza usually lasts 2 to 7 days, but cough and fatigue may persist for several weeks. The most common complications, bronchitis and bronchopneumonia, occur most frequently among children, elderly persons, and persons suffering from chronic diseases of the lung, heart, kidney, or from diabetes mellitus²⁵. Vaccination against influenza is associated with a 70% to 80% reduction in illness from influenza in younger adults. Among older persons the influenza vaccination may be less effective in preventing influenza; however, older persons who are vaccinated are less likely to be hospitalized, catch pneumonia, or die than nonvaccinated older persons²⁶. Because of the large number of influenza virus variations, a person should be vaccinated annually (usually in November) to receive the highest degree of protection against influenza during the winter months.

Pneumonia is a lung infection typically caused by either a virus or bacteria. Pneumonia usually strikes suddenly with shaking chills and high fever (102F-106F). Shortness of breath, chest pain, and productive cough are often present. Bacterial pneumonia usually responds to antibiotics; mortality among persons receiving treatment is 5% and among untreated persons, 30%²⁷. Incidence and mortality rates increase with age and underlying medical conditions such as heart or lung disease or AIDS²⁶. A pneumonia vaccination can help prevent the most common cause of bacterial pneumonia (pneumococcal bacteria) and is recommended for all persons aged 65 and older and for persons with underlying medical conditions which might make them susceptible to pneumonia. Unlike the influenza vaccination, the pneumonia vaccination generally only needs to be received once in a lifetime; however, persons at high risk may need to be revaccinated on the advice of their physician.

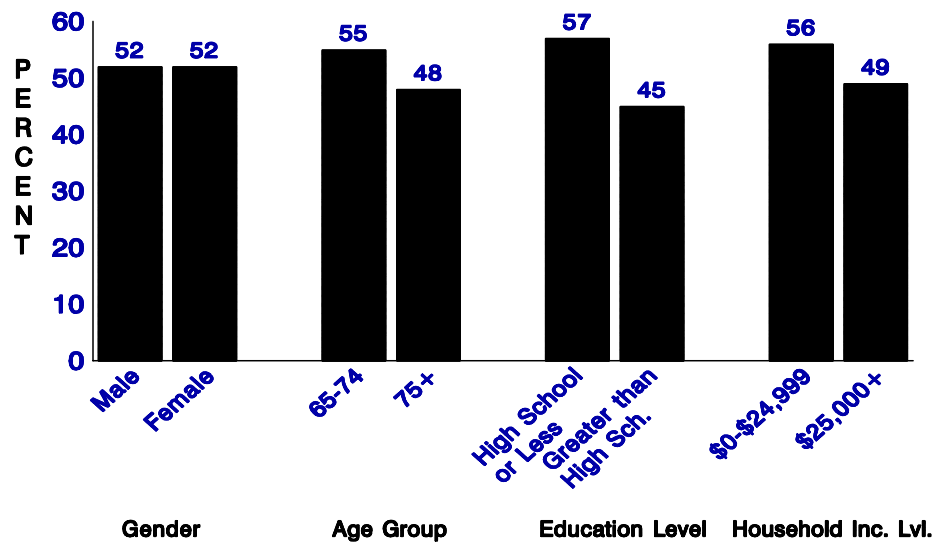
Who's At Risk

A third (35%) of respondents aged 65 and older responded that they had not received an influenza vaccination during the past twelve months. Over half (52%) of respondents aged 65 and older had never received a pneumonia vaccination. Among Kansans aged 65 and older, persons with a high school education or less and persons with household incomes below \$25,000 were more likely to report not receiving a influenza vaccination or pneumonia vaccination.

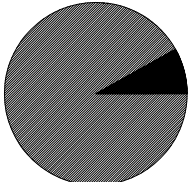
Percentage of Douglas County Residents Who Lacked a Recent Influenza Vaccination By Demographic Variable



Percentage of Douglas County Residents Who Had Never Received a Pneumonia Vaccination By Demographic Variable



Smokeless Tobacco At Risk 8%



Smokeless Tobacco Use: *Persons who report they currently use smokeless tobacco products such as chewing tobacco and snuff.*

Smokeless Tobacco Use

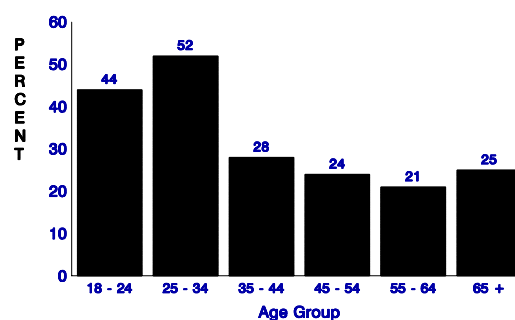
Background

Smokeless tobacco use is often believed to be a less addictive, safer way of using tobacco; however, smokeless tobacco users absorb up to twice the nicotine (the substance in tobacco which makes it addictive) that cigarette users do²⁸. Smokeless tobacco poses substantial health risks. Oral cancer occurs several times more frequently among oral tobacco users than among non-users. Excess risk of cancer of the cheek and gum is 50 times more common among long-term oral tobacco users than among non-users²⁸. Smokeless tobacco use has been linked to cancers of the gum, mouth, pharynx, larynx, and esophagus, and to gum diseases such as gingivitis. It may also play a role in cardiovascular disease and stroke through increases in blood pressure, vasoconstriction, and irregular heart beat²⁸.

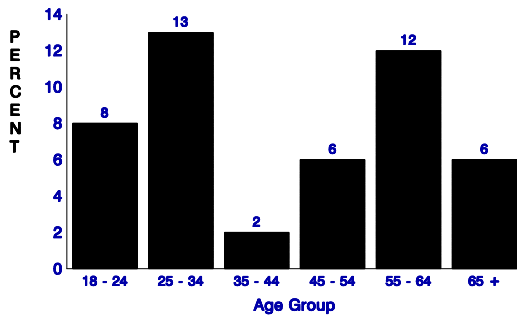
Who's At Risk

Smokeless tobacco use is almost exclusively limited to males, with 8% of males reporting current smokeless tobacco use compared to only 0.1% of females. Nearly two-fifths (38%) of males reported that they had ever used or tried smokeless tobacco. Over one-fifth of (22%) of males who had ever tried smokeless tobacco reported that they currently used smokeless tobacco products. The proportion of males who reported current smokeless tobacco use declined with greater educational attainment. Smokeless tobacco use was most common among male respondents who were aged 25 to 34 or aged 55 to 64, male respondents with less than a high school education, male respondents who had household incomes between \$20,000 to \$49,999, students, and males living in Baldwin, Eudora, or Lecompton.

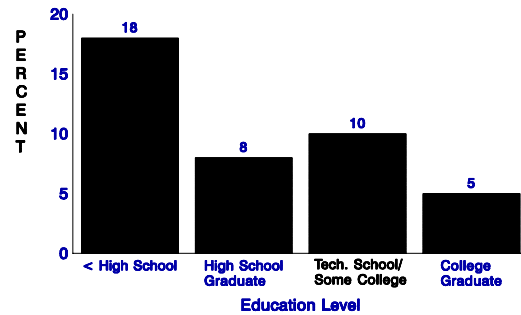
**Percentage of Male Douglas County Residents
Who Had Ever Tried Smokeless Tobacco
By Age Group**



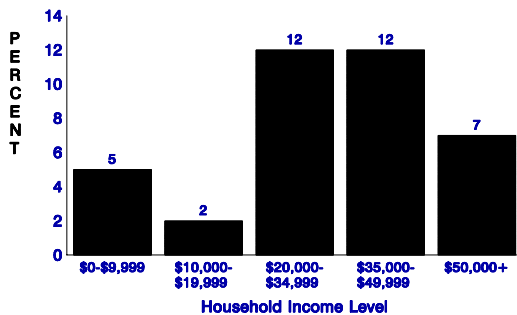
Percentage of Male Douglas County Residents Who Reported Current Smokeless Tobacco Use By Age Group



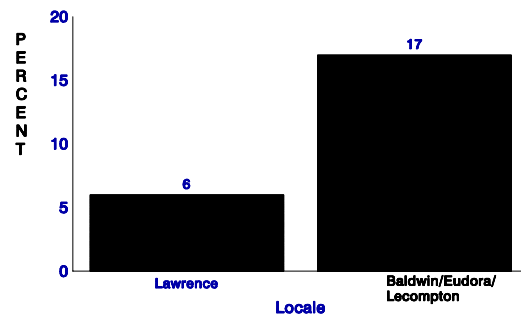
Percentage of Male Douglas County Residents Who Reported Current Smokeless Tobacco Use By Education Level



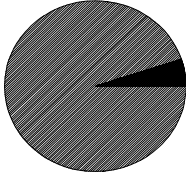
Percentage of Male Douglas County Residents Who Reported Current Smokeless Tobacco Use By Household Income Level



Percentage of Male Douglas County Residents Who Reported Smokeless Tobacco Use By Locale



**HIV/AIDS
At Risk 5%**



HIV/AIDS At Risk: *Respondents who reported their risk of contracting the HIV virus as medium or high.*

HIV/AIDS

The results presented in this chapter differ from results in previous chapters in that they do not indicate a prevalence of health risk, but represent beliefs and attitudes towards a particular health risk. Only respondents aged 18 to 64 were asked questions relating to HIV/AIDS.

Background

Acquired immunodeficiency syndrome (AIDS) is a life-threatening condition representing the later stages of infection with the human immunodeficiency virus (HIV). Infection with HIV results in slow, progressive damage to the immune system and certain other organ systems. As the immune system weakens, certain opportunistic infections and cancers not normally seen in healthy individuals result in severe and eventually fatal illness. Over a million persons in the United States are estimated to be infected with HIV, and many are unaware that they have the virus⁸. In Kansas, 1,794 cases of AIDS and 1,128 deaths due to AIDS had been reported through December 31, 1996²⁹.

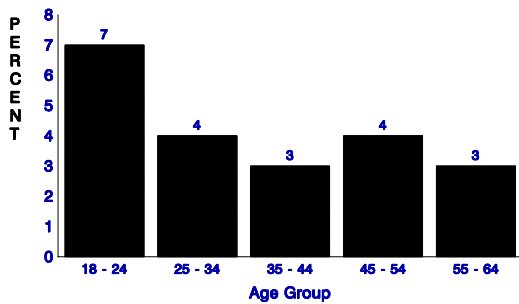
Who's At Risk

When asked what their chances of contracting HIV were, 1% of respondents reported their risk as high, 4% replied medium, 32% said low, 61% responded none, and 2% were unsure or refused to answer. Males were only slightly more likely to report being at risk (5%) than females (4%). Respondents who were aged 18 to 24, who had less than a high school education or some college education, who had household incomes of \$35,000 to \$49,999, students, and those who were never married or a member of an unmarried couple more frequently being at risk for HIV.

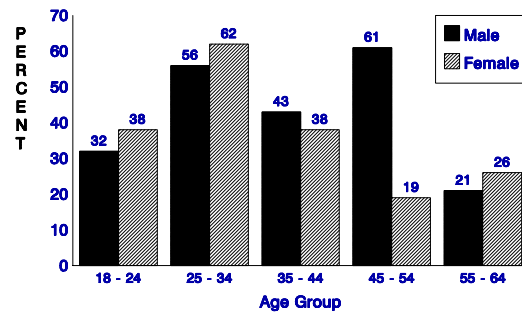
HIV Testing

Two-fifths (42%) of respondents reported they had ever received a HIV blood test. Males and females were about equally likely to report having been tested for HIV (males: 43%; females: 42%). The proportion of respondents who had received an HIV blood test generally decreased with advancing age and generally increased with rising household income. Half (50%) of respondents who reported being at risk for HIV had ever received an HIV test. The most common reasons given for getting an HIV blood test were: just to find out if they were infected (22%), blood donation process (18%), because of pregnancy (11%), routine check-up (10%), to apply for health or life insurance (7%), military induction or service (7%), hospitalization (4%), and for employment purposes (4%). The most frequently used testing sources were private doctors or HMOs (30%), blood bank, plasma center, or Red Cross (15%), hospital or emergency room (13%), health department (12%), military site (7%), and other public clinic (5%). Four-fifths (80%) of respondents who had ever been tested for HIV had received the results of their test, 19% had not received the results, and 1% did not know if they had received the results of their last HIV test.

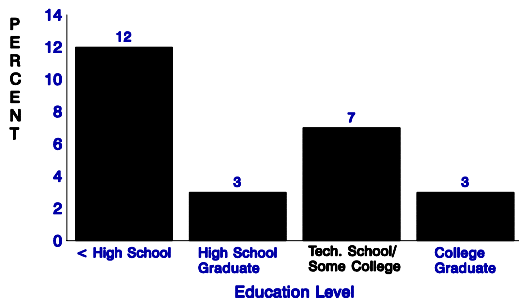
**Percentage of Douglas County Residents
Aged 18 to 64 at Risk for Contracting HIV
By Age Group**



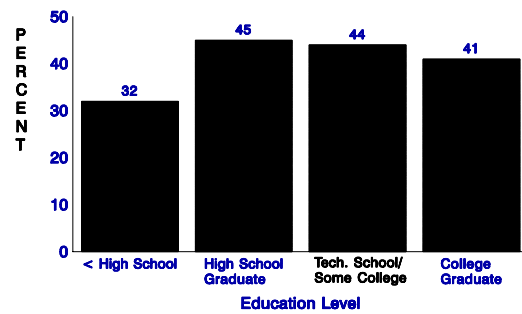
**Percentage of Douglas County Residents
Aged 18 to 64 Who Had Been Tested for HIV
By Gender and Age Group**



**Percentage of Douglas County Residents
Aged 18 to 64 at Risk for Contracting HIV
By Education Level**



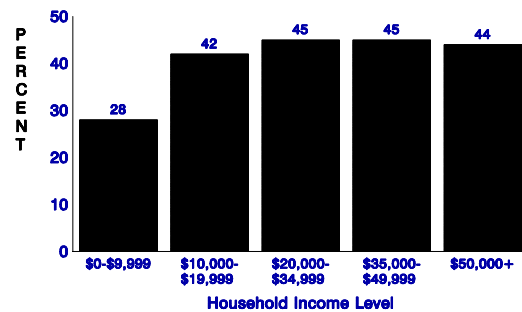
**Percentage of Douglas County Residents
Aged 18 to 64 Who Had Been Tested for HIV
By Education Level**



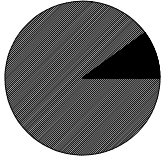
**Percentage of Douglas County Residents
Aged 18 to 64 at Risk for Contracting HIV
By Household Income Level**



**Percentage of Douglas County Residents
Aged 18 to 64 Who Had Been Tested for HIV
By Household Income Level**



Lacked Health
Care Coverage
At Risk 10%



Lacked Health Care Coverage: Respondents who reported that they did not have any form of health care coverage, including health insurance, Health Maintenance Organizations (HMO), Medicare, Medicaid, or military insurance plans.

Unable to See a Doctor Due to the Cost: Respondents who reported that they were unable to see a doctor during the last twelve months due to the cost.

Lacked Usual Source of Health Care: Respondents who reported that they did not have one particular source of health care when they were sick or when they needed advice about their health.

Health Care Coverage and Access to Health Care

Background

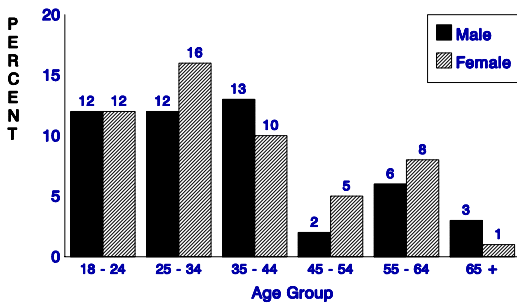
It has been established that many chronic conditions and diseases can be improved or prevented by utilizing preventive health services. In addition to adopting healthy lifestyle behaviors, ready access to health care can detect medical conditions early while most treatable. The ability to pay can greatly influence a person's access to preventive services.

Who's At Risk

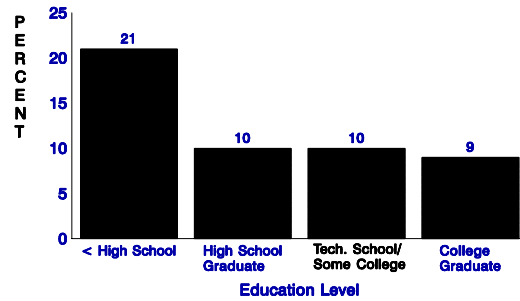
One in ten respondents (10%) reported that they lacked health care coverage. Ten percent of both males and females reported that they lacked health care coverage. The percentage of respondents who reported that they lacked health care coverage generally decreased with advancing age, greater educational attainment, and rising household income. Respondents who were divorced, separated, never married, or a member of an unmarried couple more frequently reported lacking health care coverage. Among persons who lacked health care coverage, 15% had been without coverage for six months or less, 11% for six to twelve months, 12% for one to two years, 19% for two to five years, 24% for five or more years, 8% didn't know how long they had been without coverage, and 11% had never had health care coverage. The most common reasons for being without health care coverage were: couldn't afford to pay the premiums (54%), employer doesn't offer or stopped offering coverage (11%), lost job or changed employer (10%), cut back to part-time or temporary employee (2%), and became ineligible because of age or because of leaving school (2%). Among persons who currently had health care coverage, 9% reported that at some time during the past twelve months they had been without health care coverage.

Nine percent of respondents reported that they were unable to see a doctor due to the cost in the last twelve years. Females more frequently reported being unable to see a doctor due to the cost during the last twelve months (13%) than males (6%). The percentage of persons unable to see a doctor due to the cost decreased with greater educational attainment and rising household income. Being unable to see a doctor due to the cost during the last twelve months was most common among respondents who were divorced, separated, or not employed for wages. Being unable to see a doctor due to the cost during the last twelve months was reported more frequently by respondents who lacked health care coverage (24%) than by respondents who had health care coverage (8%).

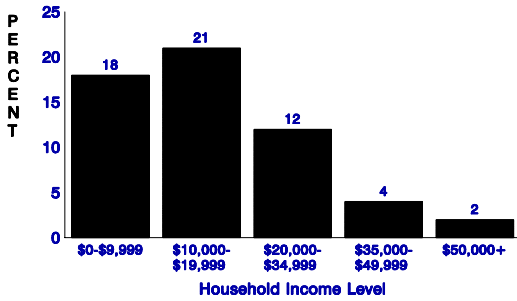
Percentage of Douglas County Residents Who Lacked Health Care Coverage By Gender and Age Group



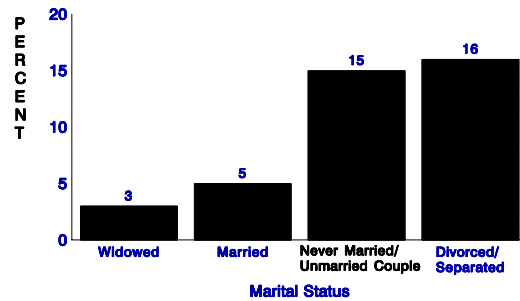
Percentage of Douglas County Residents Who Lacked Health Care Coverage By Education Level



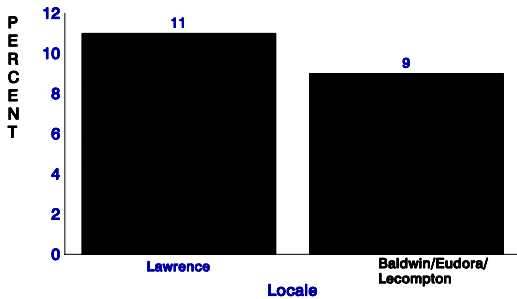
Percentage of Douglas County Residents Who Lacked Health Care Coverage By Household Income Level



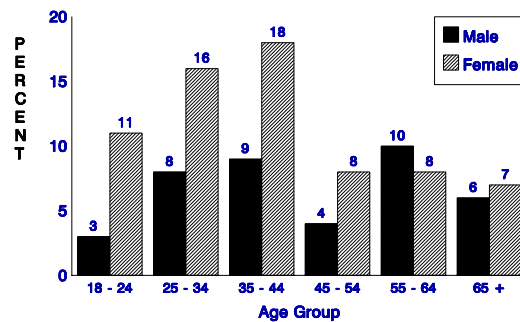
Percentage of Douglas County Residents Who Lacked Health Care Coverage By Marital Status



Percentage of Douglas County Residents Who Lacked Health Care Coverage By Locale



Percentage of Douglas County Residents Who Were Unable to See a Doctor Due to the Cost During the Last 12 Months, By Gender and Age Group



Type of Health Care Coverage

One-sixth (16%) of respondents with health care coverage reported that they received Medicare. Among respondents with health care coverage who were not covered by Medicare, 77% were covered by employer sponsored health care plans, 16% were covered by plans bought by themselves or someone else, 1% by military, CHAMPUS, or VA coverage, 5% by other sources, and 1% were unsure or refused to say what plan they were covered by. Among persons who had health care coverage, 19% reported that they had more than one health care plan which covered them.

Usual Source of Health Care

A quarter (24%) of respondents reported that they did not have a usual source of health care if they were sick or needed advice about their health. Males were more likely to be without a usual source of health care (30%) than females (18%). The proportion of respondents who lacked a usual source of health care generally decreased with advancing age and rising household income. Respondents who were never married or a member of an unmarried couple more frequently reported lacking a usual source of health care. The most commonly reported reasons for not having a usual source of health care were: seek care at two or more places (28%), have not needed a doctor (27%), no insurance/cannot afford (8%), did not know where to go (6%), and that the previous doctor moved/unavailable (5%).

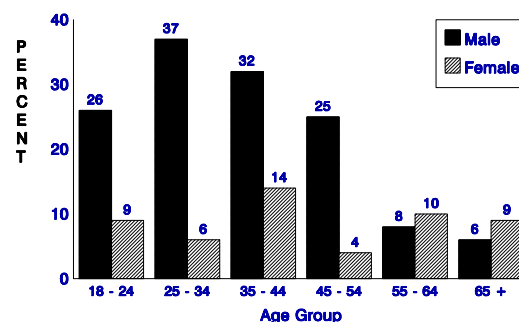
Among respondents with a usual source of health care the most commonly reported sources of routine health care were a doctor's office or private clinic (73%), company or school health clinic/center (16%), and community health center (3%). When persons with a usual source of health care were asked to rate the convenience of the distance or time it took to travel to their usual source of health care they responded: excellent (36%), very good (32%), good (22%), fair (7%), and poor (3%).

Routine Check-ups

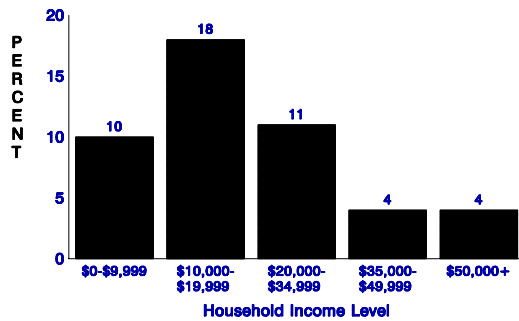
When asked how long it had been since they last visited a doctor for a routine check-up, 69% of respondents reported they had received a routine check-up during the past year, 11% reported one to two years ago, 10% reported two to five years ago, 6% responded five or more years ago, 1% had never had a routine check-up, and 3% didn't know or refused to answer. Eighteen percent of respondents reported that they had not had a routine check-up during the last two years. Males were

substantially more likely to report that they had not had a routine check-up during the last two years (27%) than females (9%). The percentage of respondents who had not had a routine check-up during the previous two years generally decreased with advancing age and rising household income and generally increased with higher levels of education. The proportion of respondents who had not had a routine check-up within the last two years was more frequently reported by respondents who were students, divorced, or separated.

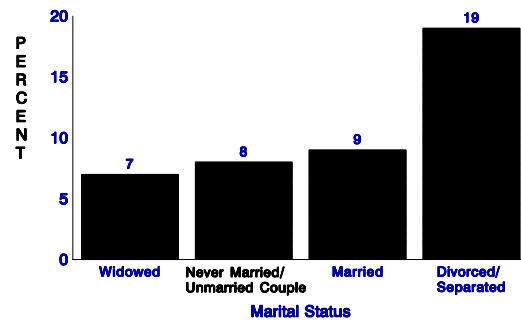
Percentage of Douglas County Residents Who Had Not Had a Routine Check-up During the Last 2 Years
By Gender and Age Group



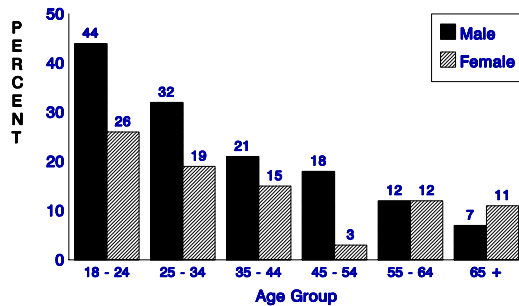
Percentage of Douglas County Residents Who Were Unable to See a Doctor Due to the Cost During the Past 12 Months, By Household Income Level



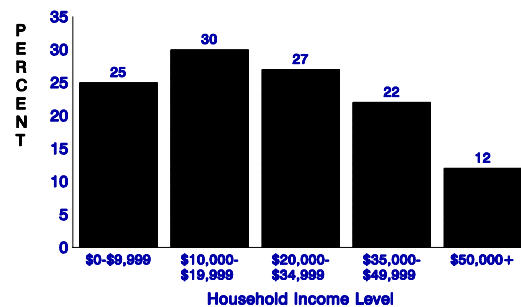
Percentage of Douglas County Residents Who Were Unable to See a Doctor Due to the Cost During the Past 12 Months, By Marital Status



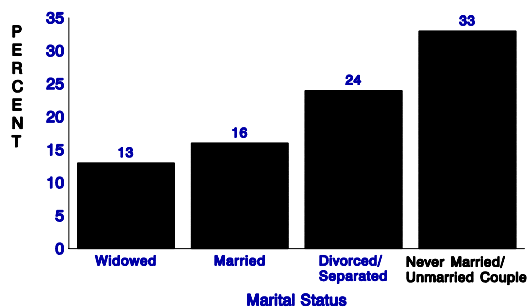
Percentage of Douglas County Residents Who Lacked a Usual Source of Health Care By Gender and Age Group



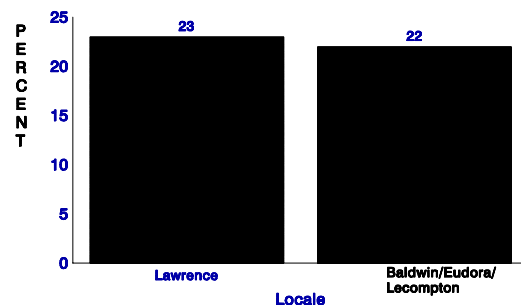
Percentage of Douglas County Residents Who Lacked a Usual Source of Health Care By Household Income Level



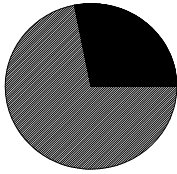
Percentage of Douglas County Residents Who Lacked a Usual Source of Health Care By Marital Status



Percentage of Douglas County Residents Who Lacked a Usual Source of Health Care By Locale



Did Not
Wash Hands
At Risk 28%



Did Not Wash Hands: Respondents who reported that they did not always wash their hands after using the toilet.

Hand Washing

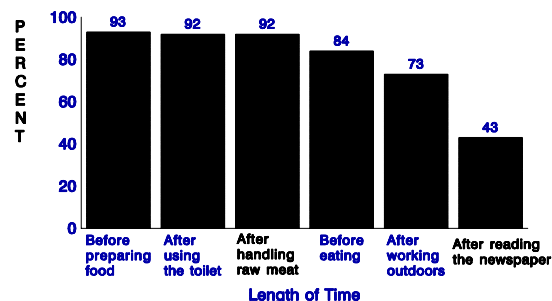
Background

Hands are an important vector for the transmission of disease. In the community setting, this is most likely to be through the contamination of food by food handlers. Data published by the Centers for Disease Control found that among those foodborne outbreaks for which contributing causes were known poor hygiene among foodhandlers was a contributing factor in approximately a third³⁰. Failure to wash hands can contribute to disease transmission in any circumstances where food is prepared by one person for the consumption by another person such as day care centers, senior citizen centers or even the home. Because intestinal (enteric) organisms are the most common contaminants of food³⁰, knowledge about importance of hand washing behavior after using the toilet, particularly by a person who handles and prepares food, may be especially helpful in preventing disease.

Who's At Risk

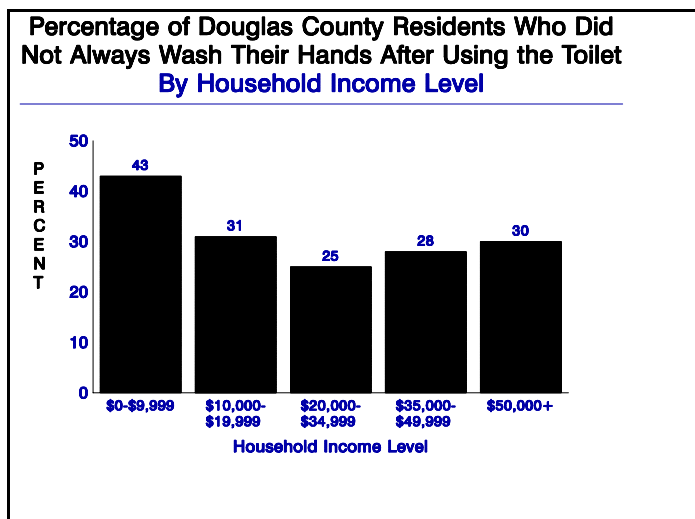
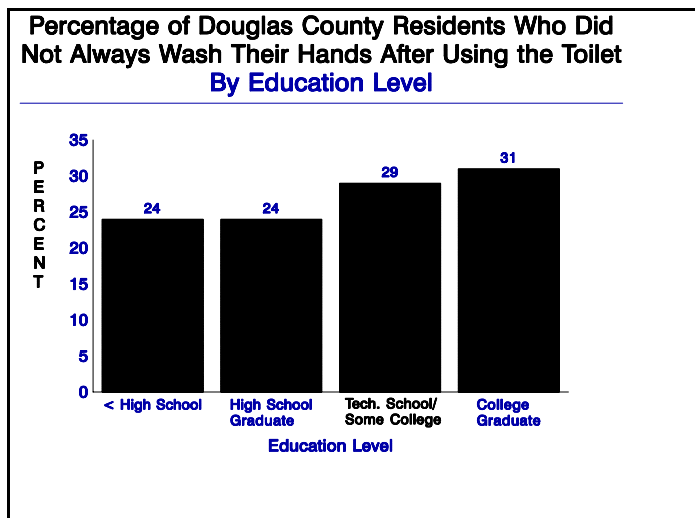
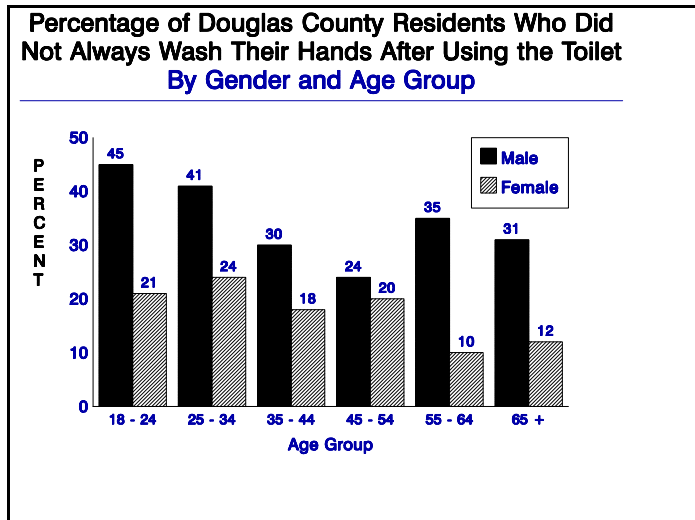
Nearly three-tenths (28%) of respondents did not always wash their hands after using the toilet. Males did not wash their hands (38%) substantially more often than females (19%). The proportion of respondents who did not wash their hands decreased with advancing age and increased with greater educational attainment. Respondents who prepared or handled food to be eaten by non-family members were slightly less likely to report that they did not wash their hands after using the toilet (24%) than persons who did not prepare meals for non-family members (30%). In households with at least one child aged 5 to 17, the adult respondent was asked how often the oldest child aged 5 to 17 washed their hands after using the toilet. Only 34% of the children were reported to always wash their hands after using the toilet.

Percentage of Respondents Who Think That Hand Washing is Very Important By Situation

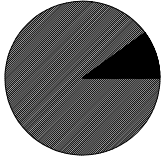


Attitudes Towards Handwashing

Respondents were asked six questions about the importance of hand washing in different situations. The percentage of respondents who felt it was very important to wash their hands by situation were: 93% before preparing food; 92% after using the toilet; 92% after handling raw meat; 84% before eating; 73% after working outdoors; and 43% after reading the newspaper.



Lacked Working
Smoke Detector
At Risk 10%



Lacked Working Smoke Detector: Respondents who reported that they did not have an installed and working smoke detector in their home.

Fire Safety

Background

In the United States, residential fires are the 4th leading cause of unintentional injury deaths and the 2nd leading cause of injury death in the home³¹. In 1996, Kansas experienced 4,056 residential structure fires which resulted in 34 deaths and 196 injuries among non-firefighters; additionally, 171 firefighters were injured while fighting these fires³².

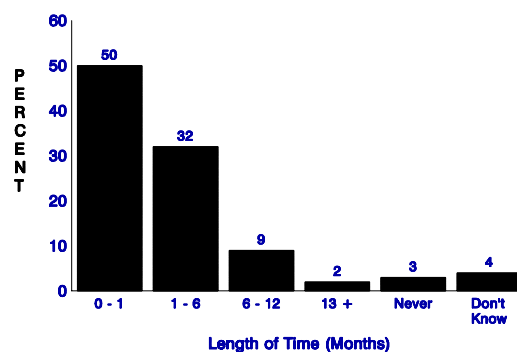
Nationally, house fires cause 75% of all deaths from fires and burns, with young children and the elderly at greatest risk³³. Fire-related injuries are very costly, causing pain and suffering, high medical care costs, and lost productivity. Smoke detectors are a reliable, inexpensive way of providing early warning of house fires, thereby reducing the potential for death and injury by more than 85%³³. In Kansas during 1996, 67% of homes that had fires did not have a working smoke detector and 81% of deaths occurred in homes without a working smoke detector³². It is vital that battery operated smoke detectors be checked periodically to make sure the batteries are good and the detector is functioning properly. Dead batteries are the most common cause of detector failure; one study of fatal house fires and smoke detectors found that dead batteries were to blame in two-thirds of the instances of detector failure⁸. It is recommended that you check your smoke detector monthly and replace detector batteries every 6 months.

Who's At Risk

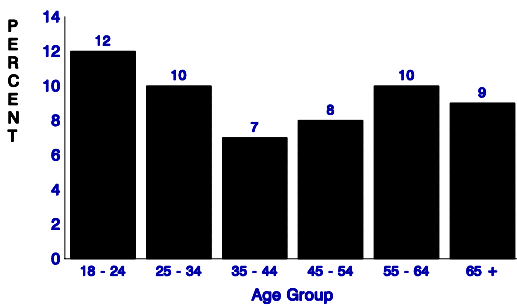
A tenth (10%) of respondents reported that they did not have an installed and working smoke detector in their household. Males were slightly more likely to report that they did not have a working smoke detector (11%) than females (9%). The percentage of respondents who reported that they lacked a working smoke detector generally decreased with rising household income and higher levels of education. Respondents who were widowed, never married or a member

of an unmarried couple were most likely to report that they did not have a working smoke detector. Among persons who had a smoke detector, 50% had tested their smoke detector within the past month, 32% had checked their smoke detector within the past six months, 9% had checked their smoke detector within the past year, 2% had checked their smoke detector one or more years ago, 3% had never checked their smoke detector, and 4% did not know how long it had been or if they had checked their smoke detector.

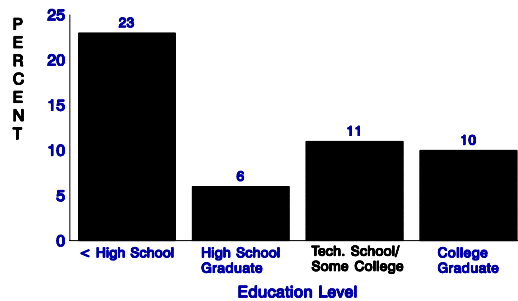
Length of Time Since the Smoke Detector Was Checked
Among Households With a Working Smoke Detector



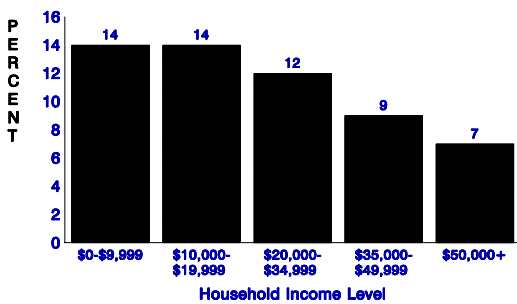
Percentage of Douglas County Residents Who Lacked a Working Smoke Detector By Age Group



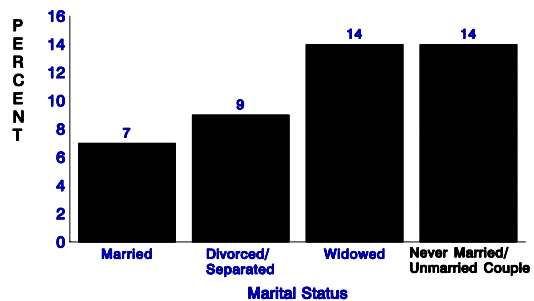
Percentage of Douglas County Residents Who Lacked a Working Smoke Detector By Education Level



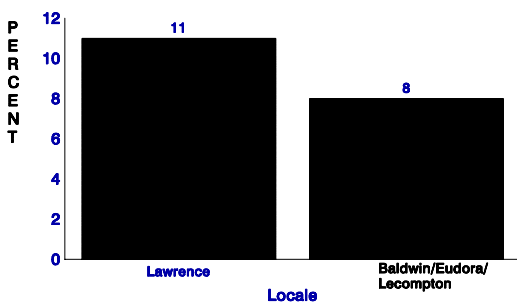
Percentage of Douglas County Residents Who Lacked a Working Smoke Detector By Household Income Level



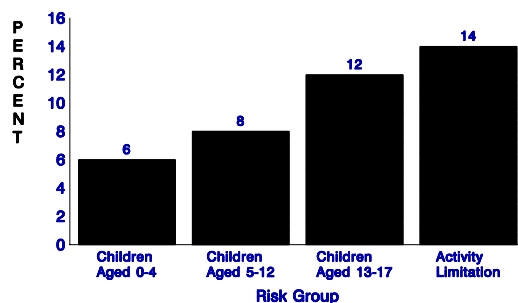
Percentage of Douglas County Residents Who Lacked a Working Smoke Detector By Marital Status



Percentage of Douglas County Residents Who Lacked a Working Smoke Detector By Locale



Percentage of Douglas County Residents Who Lacked a Working Smoke Detector By Risk Group



Preventive Counseling

Background

Before a person will change a behavior which affects their health, several things must occur including gaining an awareness of the problem and its consequences, accepting the necessity of change, and deciding and committing to change. Current evidence suggests that health care providers, especially physicians, play an important role in helping to bring about behavior changes that impact health. A health care provider is likely to be perceived by the patient both as a person who cares about their personal health and as an authoritative source of information about the patient's personal risk of disease. A health care provider may be able to recognize hidden health risks (e.g., heavy alcohol use, risky sexual behavior), counsel the patient about behavior change, and help the patient make a commitment to change¹⁹.

An important role for preventive counseling has been identified for a variety of conditions including alcohol use, diet, cholesterol management, HIV and other sexually transmitted diseases, injuries, physical activity, tobacco use, and pregnancy⁸. Available data has consistently demonstrated that preventive counseling is underutilized by health care providers as a way of improving the health of their patients. However, obtaining accurate data has been difficult since preventive counseling is frequently neither documented in the medical record nor reimbursed by second party payers.

Who's At Risk

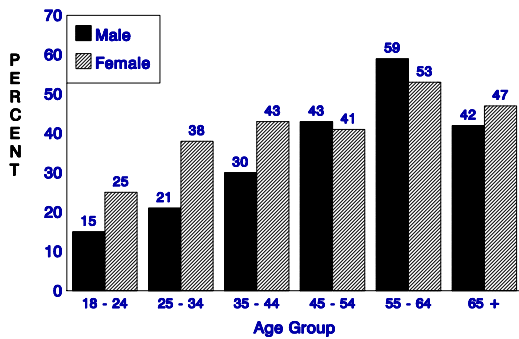
A third (32%) of respondents reported that they had ever received counseling about their diet or eating habits from a doctor or other health professional. Among respondents who reported visiting a doctor for a routine checkup during the last year, 12% reported receiving counseling from a doctor or other health professional during the last year about their diet or eating habits. Over half (54%) of respondents who were overweight based on BMI and three-fourths (76%) of respondents with diabetes reported ever having been counseled about their diet and eating habits.

Over a third (36%) of respondents reported that they had ever received counseling from a doctor or other health professional about physical activity or exercise. Among those respondents who had visited a doctor for a routine checkup within the past year, 10% reported they had received counseling about physical activity or exercise in the last year. About three-fifths (59%) of overweight respondents, 75% of respondents with diabetes, and 39% of respondents with sedentary lifestyles reported that they had ever received counseling about physical activity.

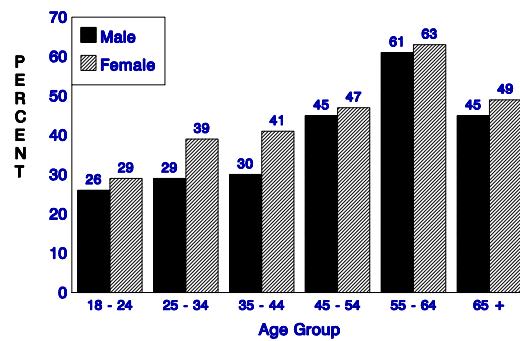
One-sixth (16%) of respondents reported ever receiving counseling from a doctor or other health professional about injury prevention such as safety belt use, helmet use, or smoke detectors. One-seventh (14%) of respondents reported ever receiving counseling about alcohol use and 10% reported ever receiving counseling regarding drug abuse. Twenty-two percent of persons who reported binge drinking and 19% of persons who reported chronic drinking had ever been counseled about alcohol use. Less than two-thirds (62%) of current smokers reported that they had ever received counseling from a doctor or other health professional about quitting smoking. Among respondents aged 18 to 64, 32% reported they had ever been counseled about their sexual practices, including family

planning, sexually transmitted diseases, AIDS, or the use of condoms by a doctor or health professional, and 36% of those at self-reported risk for HIV reported receiving counselling.

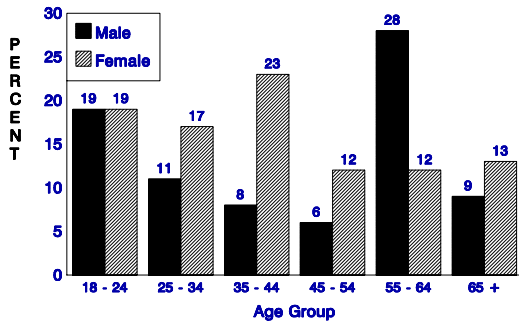
Percentage of Douglas County Residents Who Had Ever Been Counselored About Their Diet and Eating Habits By a Doctor or Health Professional, By Age Group and Gender



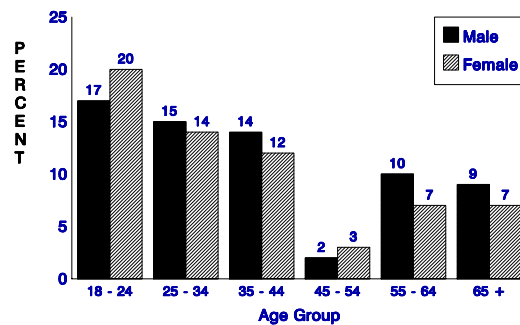
Percentage of Douglas County Residents Who Had Ever Been Counselored About Physical Activity and Exercise By a Doctor or Health Professional, By Age Group and Gender



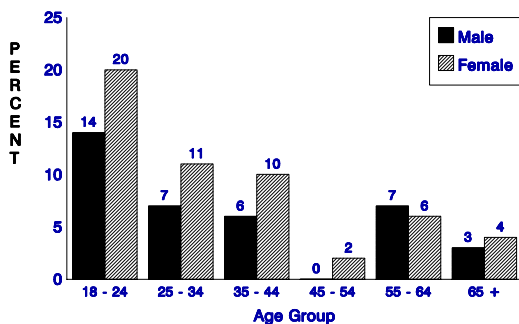
Percentage of Douglas County Residents Who Had Ever Been Counselored About Injury Prevention By a Doctor or Health Professional, By Age Group and Gender



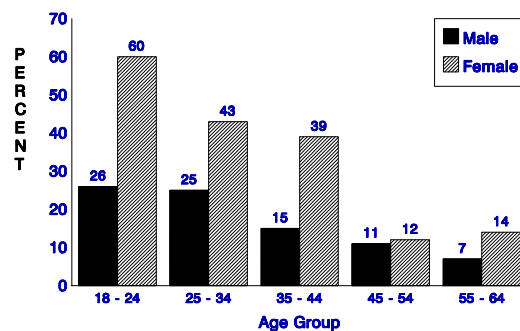
Percentage of Douglas County Residents Who Had Ever Been Counselored About Alcohol Use By a Doctor or Health Professional, By Age Group and Gender



Percentage of Douglas County Residents Who Had Ever Been Counselored About Drug Abuse By a Doctor or Health Professional, By Age Group and Gender



Percentage of Douglas County Residents Who Had Ever Been Counselored About Their Sexual Practices By a Doctor or Health Professional, By Age Group and Gender



The Health of Children

Background

The health of children and youth is critical to their well being and optimal development. In 1994, 79% of U.S. children 0 to 17 years of age were reported to be in excellent or very good health by the household respondents to the National Health Interview Survey³⁴. Children whose activity is limited by one or more chronic conditions may need more specialized health care than children without such limitation. Their medical costs are generally higher; they are more likely to miss days from school; and they may require special education services³⁴.

A child's good health and proper development depends, in part, on a diet sufficient in nutrients and calories. Food security is a measure of the extent to which children have access at all times to enough nourishment³⁴.

Attention must also be paid to the availability and use of health care services. Early and sustained use of health care is often critical in identifying, treating, and monitoring childhood conditions³⁵. Lack of health care coverage may be the most important barrier to health care because it reduces the out-of-pocket costs of health care and can enhance access to preventive care³⁵. Receiving health care from a regular source is also important because such continuity of care is associated with amount of service obtained and satisfaction with the care received, and is an indicator of continuity and quality of care³⁵.

Who's At Risk

Respondents with children aged 0 to 17 in their household were asked a series of questions about the health and access to health care of the youngest child in their household. Eighty-seven percent of children were in excellent or very good health. The percentage of children with excellent/very good health generally increased with rising household income. Only 4% of children were reported to have an impairment or health problem which limited their activity. The proportion of children who had an activity limitation generally decreased with rising household income. In 8% of households with children the respondent reported being concerned about having enough food for themselves or their family. The percentage of children at risk for not receiving enough to eat decreased with rising household income.

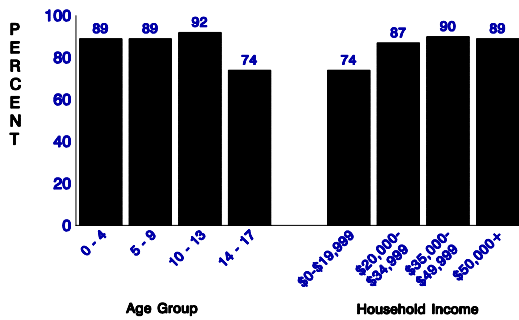
Health Care Coverage and Access to Health Care

Four percent of children were not covered by any form of health care coverage. The percentage of children without health care coverage was highest among households with incomes below \$35,000. Among children with health care coverage, 72% were covered through an employer plan, 15% by a privately purchased plan, 8% were covered by a government plan, 4% were covered by some other type of plan, and 1% were unsure of the type of plan or refused to identify the plan. Only 3% of children were unable to see a doctor due to the cost during the past 12 months. Eighty-seven percent of children had a usual source of health care if they were sick or the parent needed advice about the child's health.

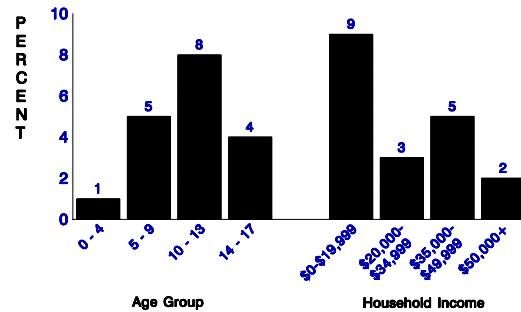
The percentage of children with a usual source of health care generally decreased as the child aged. Nine-tenths (89%) of children had visited a doctor for a routine check-up during the past year. The percentage of children who had seen a doctor for a routine check-up

during the past year decreased as the child aged.

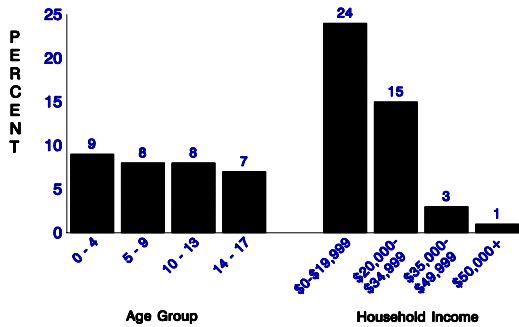
Percentage of Children Aged 0 to 17 Who Were in Excellent or Very Good Health By Age Group and Household Income



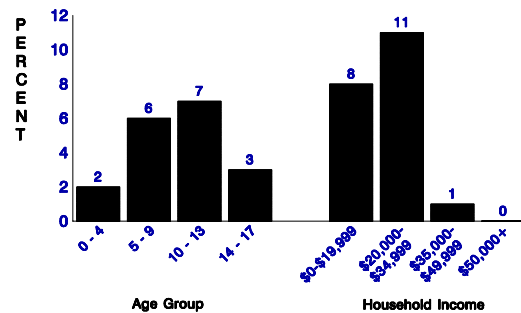
Percentage of Children Aged 0 to 17 Who Had an Activity Limitation By Age Group and Household Income



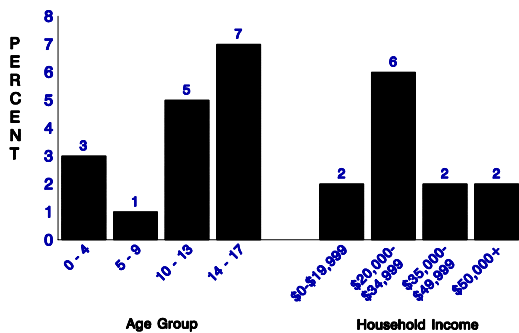
Percentage of Children Aged 0 to 17 Who Were At Risk for Not Getting Enough to Eat By Age Group and Household Income



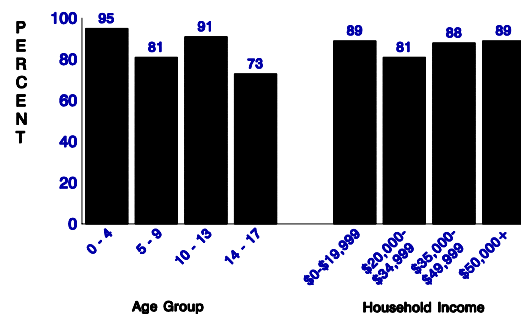
Percentage of Children Aged 0 to 17 Who Lacked Health Care Coverage By Age Group and Household Income



Percentage of Children Aged 0 to 17 Unable to See a Doctor During the Past 12 Months By Age Group and Household Income



Percentage of Children Aged 0 to 17 Who Had a Usual Source of Health Care By Age Group and Household Income



Comparison of 1998 Douglas County BRFSS Data to Kansas BRFSS Data

Risk Factor	DG County BRFSS	Kansas BRFSS	KS BRFSS Data Year
Hypertension	14%	21%	1997
High Blood Cholesterol	25%	28%	1997
Cardiovascular Disease	4%	6%	1997
Diabetes Mellitus	3%	3%	1997
Sedentary Lifestyle	48%	58%	1996
Did Not Engage in Regular Physical Activity	74%	82%	1996
Binge Drinking	26%	13%	1997
Chronic Drinking	7%	2%	1997
Drinking and Driving	8%	3%	1997
Failed to Use a Safety Belt	34%	46%	1997
Current Cigarette Use	23%	23%	1997
Overweight	21%	32%	1997
Lacked Recent Dental Visit	29%	32%	1996
Lacked Dental Coverage	36%	42%	1996
Needed Dental Work	20%	15%	1996
Suffered Limiting Injury	12%	10%*	1998
Lacked a Recent Clinical Breast Exam, Females Aged 20 and Older	18%	17%	1997
Lacked a Recent Mammogram, Females Aged 40 and Older	25%	31%	1997
Lacked Both a Recent Clinical Breast Exam and a Recent Mammogram, Females Aged 40 and Older	33%	37%	1997
Lacked a Recent Pap Smear Test, Females With a Uterine Cervix	11%	18%	1997
Sad, Blue, or Depressed	7%	4%	1997
Worried, Tense, or Anxious	16%	9%	1997
Not Enough Rest or Sleep	31%	19%	1997
Not Very Healthy and Full of Energy	43%	36%	1997

* Data are unweighted and are only for January through June of 1998.

Comparison of 1998 Douglas County BRFSS Data to Kansas BRFSS Data -- Continued

Risk Factor	DG County BRFSS	Kansas BRFSS	KS BRFSS Data Year
Any Activity Limitation	16%	21%*	1998
Routine Care Limitation	3%	7%*	1998
Personal Care Limitation	1%	2%*	1998
Afraid to Leave Home at Night	23%	31%	1996
Violent Neighborhood	8%	8%	1996
Knew Abused Partner	16%	30%	1996
Lacked a Recent Influenza Vaccination, Persons Aged 65 and Older	35%	39%	1997
Never Received a Pneumonia Vaccination, Persons Aged 65 and Older	52%	56%	1997
Smokeless Tobacco Use, Males	8%	10%	1997
HIV/AIDS At Risk, Persons Aged 18 to 64	5%	9%	1997
Lacked Health Care Coverage	10%	7%	1997
Lacked a Usual Source of Health Care	24%	10%	1996
Unable to See a Doctor Due to the Cost	9%	8%	1997
Did Not Wash Hands	28%	25%*	1998
Lacked Working Smoke Detector	10%	11%	1996

* Data are unweighted and are only for January through June of 1998.

Note: Douglas County data are not directly comparable with Kansas data because Douglas County data were collected during the spring, whereas Kansas data were collected throughout the year. Seasonal variation may cause Douglas County BRFSS data to be unrepresentative of a year-round average. The Kansas BRFSS adjusts for seasonal variation by collecting data throughout the calendar year. Kansas data are only presented here to give the reader the concept of what risk factors are like for Kansas.

References

- 1 Kish, L. *Survey Sampling*. New York, NY: John Wiley and Sons, 1965.
- 2 American Heart Association. *1992 Heart and Stroke Facts*. AHA. 1991.
- 3 Dawber, TR. *The Framingham Study: The Epidemiology of Atherosclerotic Disease*. Cambridge, MA: Harvard University Press, 1980. pp. 172-189.
- 4 Anda RF. Elevated Blood Cholesterol. IN: Brownson RC, Remington PL, Davis JR, eds. *Chronic Disease Epidemiology and Control*. APHA, Baltimore, MD: Port City Press, 1993:PP 123-135.
- 5 Kansas Department of Health and Environment, Vital Statistics.
- 6 Smith CA, Pratt M. Cardiovascular Disease. IN: Brownson RC, Remington PL, Davis JR, eds. *Chronic Disease Epidemiology and Control*. APHA, Baltimore, MD: Port City Press, 1993: pp 83-107.
- 7 Public Health Service. *Diabetes in the United States: A Strategy for Prevention*. Washington, DC: U.S. Department of Health & Human Services; 1994.
- 8 *Healthy People 2000 National Health Promotion and Disease Prevention Objectives*. US Department of Health and Human Services, Public Health Service, 1990.
- 9 *Perspectives in Health Promotion and Aging*. National Eldercare Institute on Health Promotion, AARP; 1992. Volume 7, Number 2.
- 10 U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.
- 11 Dufour MC, Noble JA, Stroup NE. Alcohol Use. IN: Brownson RC, Remington PL, Davis JR, eds. *Chronic Disease Epidemiology and Control*. APHA, Baltimore, MD: Port City Press, 1993: pp 199-220.
- 12 Final Rule, FMVSS 208: occupant crash protection, 49 CFR, part 571. Washington D.C.: National Highway Traffic Safety Administration, 1984.
- 13 Kahane CJ. *An Evaluation of Child Passenger Safety. The Effectiveness and Benefits of Safety Seats (summary)*. Washington, D.C.: National Highway Traffic Administration, 1986; DOT publication no. (DOT HS)806-889.
- 14 Kansas Department of Transportation, Office of Traffic Safety, Crash Data, 1995.
- 15 American Cancer Society. *Cancer Facts & Figures-1995*. Atlanta, GA: ACS, 1995.
- 16 Schulz JM, Novotny TE, and Rice DP. *Sammec II: computer software and documentation*. Rockville, MD: U.S. Dept. of Health and Human services, Public Health Service, Centers for Disease Control and Prevention, 1990.
- 17 Novotny TE. Tobacco Use. IN: Brownson RC, Remington PL, Davis JR, eds. *Chronic Disease Epidemiology and Control*. APHA, Baltimore, MD: Port City Press, 1993: pp 199-220.
- 18 Wilmore JH. Exercise, Obesity, and Weight Control. Corbin C, Pangrazi B, eds. *Physical Activity and Fitness Research Digest*. President's Council on Physical Fitness and Sports, Washington D.C.: Series 1, No. 6. May 1994.
- 19 U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services, 2nd ed*. Baltimore: Williams & Wilkens, 1996: pp. 711-721.
- 20 Fingerhut LA, Warner M. *Injury Chartbook. Health, United States, 1998-1997*. Hyattsville, MD: National Center for Health Statistics. 1997.

- 21 Baker SP, Ginsburg MJ, Guohua L, O'Neill B. *The Injury Fact Book, 2nd Edition*. New York, NY: Oxford University Press, Inc, 1992.
- 22 Kansas Cancer Registry, 1992.
- 23 Office of Disease Prevention, U.S. Public Health Service, U.S. Dept. of Health and Human Services. *The Clinician's Handbook of Preventive Services*. Alexandria, VA: International Medical Publishing, Inc., 1994: pp. 164-168.
- 24 Kansas Bureau of Investigation. *Crime in Kansas 1993-1994*. Topeka, KS: Kansas Bureau of Investigation, Crime Data Information Center, May 1996.
- 25 Acha PN, Szyfres B. *Zoonoses and Communicable Diseases Common to Man and Animals - 2nd Edition*. Washington, D.C.: Pan American Health Organization, Pan American Sanitary Bureau, Regional offices of the World Health Organization; 1987. Scientific Publication No. 503.
- 26 ACP Task Force on Adult Immunizations and Infectious Diseases Society of America. *Guide for Adult Immunization - 2nd Edition*. Philadelphia, PA: American College of Physicians; 1990.
- 27 Willet HP. Streptococcus Pneumoniae. IN: Joklik WK, Willet HP, Amos DB, Wilfert CM, eds. *Zinsser Microbiology - 20th Edition*. Norwalk, CT: Appleton & Lange; 1992: p. 432-443.
- 28 U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Atlanta, GA. 1994.
- 29 *AIDS Quarterly: Kansas and the United States*. Topeka, KS: Kansas Dept. of Health & Environment, Bureau of Disease Control, AIDS section; January 1997.
- 30 Bean NH, Griffin PM, Goulding JS, Ivey CB. Foodborne Disease Outbreaks, 5-Year Summary, 1983-1987. IN: Centers for Disease Control. *CDC Surveillance Summaries*, March 1990. *MMWR* 1990;39(No. SS-1):15-57.
- 31 Office of Disease Prevention and Health Promotion, U.S. Public Health Service, U.S. Dept. of Health and Human Services. *Disease Prevention/Health Promotion: The Facts*. Palo Alto, CA: Bull Publishing Company, 1988: pp. 76-85.
- 32 Kansas State Fire Marshal. *Fire in Kansas: 1996*. Topeka, KS: State Fire Marshal's Office, 1997.
- 33 The National Committee for Injury Prevention and Control. *Injury Prevention: Meeting the Challenge*. New York, NY: Oxford University Press; 1989.
- 34 Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being*. 1997.
- 35 Coiro MJ, Zill N, Bloom B. Health of our Nation's Children. National Center for Health Statistics. *Vital Health Stat* 10(191). 1994.

Appendices

Appendices Definitions:

Total Sample Size: The number of respondents who belong to each demographic category.

Number At Risk (Unweighted): The raw number of respondents who reported being at risk for the defined health risk behavior.

Population At Risk (Weighted): Percentage of Douglas County residents at risk for the defined health risk behavior. The data is weighted to more closely resemble the characteristics of the population of Douglas County residents (See interpretation of results for more information on the weighting procedure).

Table A: Hypertension*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	999	155	14
Gender			
Male	470	70	13
Female	529	85	14
Age Group			
18-24	230	9	3
25-34	215	18	8
35-44	206	28	15
45-54	138	21	15
55-64	81	28	37
65+	126	51	42
Unknown/Refused	3	-	--
Education			
< H.S. Grad.	56	21	34
High School Grad.	227	41	16
Some College	299	39	11
College Grad.	415	53	11
Unknown/Refused	2	1	--
Household Income			
\$0-\$9,999	73	8	9
\$10,000-\$19,999	143	23	13
\$20,000-\$34,999	268	40	13
\$35,000-\$49,999	180	23	11
\$50,000+	217	34	15
Unknown/Refused	118	27	19
Employment			
Employed for Wages	692	83	11
Not Emp. For Wages	69	17	25
Student	121	7	5
Retired	114	46	42
Unknown/Refused	3	2	--
Marital Status			
Married	447	88	20
Divorced/Separated	145	25	17
Widowed	63	22	36
Never Married/U.C.	340	19	4
Unknown/Refused	4	1	--
Locale			
Lawrence	843	113	12
Baldwin/Eudora/ Lecompton	132	36	23
Unknown/Refused	24	6	--

* Respondent ever told by a doctor, nurse or other health professional that they had high blood pressure.

Table B: High Blood Cholesterol*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	669	182	25
Gender			
Male	304	77	24
Female	365	105	26
Age Group			
18-24	99	8	7
25-34	126	16	15
35-44	148	37	26
45-54	112	36	34
55-64	78	41	55
65+	103	44	43
Unknown/Refused	3	-	--
Education			
< H.S. Grad.	36	20	55
High School Grad.	161	47	28
Some College	176	42	21
College Grad.	295	72	22
Unknown/Refused	1	1	--
Household Income			
\$0-\$9,999	39	12	28
\$10,000-\$19,999	81	19	18
\$20,000-\$34,999	165	41	22
\$35,000-\$49,999	133	40	31
\$50,000+	168	50	29
Unknown/Refused	83	20	21
Employment			
Employed for Wages	468	112	23
Not Emp. for Wages	53	20	34
Student	52	6	10
Retired	94	42	46
Unknown/Refused	2	2	--
Marital Status			
Married	334	107	33
Divorced/Separated	110	27	23
Widowed	51	26	50
Never Married/U.C.	171	20	10
Unknown/Refused	3	2	--
Locale			
Lawrence	559	148	24
Baldwin/Eudora/ Lecompton	95	27	26
Unknown/Refused	15	7	--

* Respondents who had ever had a blood cholesterol screening who had ever been told their blood cholesterol is high.

Table C: Cardiovascular Disease*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	961	44	4
Gender			
Male	452	17	3
Female	509	27	4
Age Group			
18-24	219	--	--
25-34	208	2	1
35-44	199	1	1
45-54	132	4	2
55-64	84	13	18
65+	117	24	18
Unknown/Refused	2	--	--
Education			
< H.S. Grad.	51	10	17
High School Grad.	214	14	5
Some College	291	11	2
College Grad.	404	9	2
Unknown/Refused	1	--	--
Household Income			
\$0-\$9,999	72	4	3
\$10,000-\$19,999	135	6	4
\$20,000-\$34,999	260	12	4
\$35,000-\$49,999	178	7	3
\$50,000+	214	6	3
Unknown/Refused	102	9	6
Employment			
Employed for Wages	665	15	2
Not Emp. For Wages	68	6	8
Student	117	1	1
Retired	109	22	20
Unknown/Refused	2	--	--
Marital Status			
Married	429	18	4
Divorced/Separated	142	11	8
Widowed	57	14	26
Never Married/U.C.	330	1	1
Unknown/Refused	3	--	--
Locale			
Lawrence	818	35	3
Baldwin/Eudora/ Lecompton	124	6	4
Unknown/Refused	19	3	--

* Respondent reported that they had ever had one or more of the following: heart attack, angina or coronary heart disease, stroke, or heart failure.

Table D: Diabetes Mellitus*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1005	31	3
Gender			
Male	474	14	3
Female	531	17	3
Age Group			
18-24	230	2	1
25-34	215	2	1
35-44	206	2	1
45-54	139	4	5
55-64	84	9	11
65+	128	12	10
Unknown/Refused	3	--	--
Education			
< H.S. Grad.	58	9	16
High School Grad.	230	6	3
Some College	299	6	2
College Grad.	416	10	2
Unknown/Refused	2	--	--
Household Income			
\$0-\$9,999	73	1	1
\$10,000-\$19,999	144	2	1
\$20,000-\$34,999	271	9	3
\$35,000-\$49,999	181	4	3
\$50,000+	218	6	3
Unknown/Refused	118	9	7
Employment			
Employed for Wages	696	17	2
Not Emp. for Wages	69	4	7
Student	121	--	--
Retired	116	10	10
Unknown/Refused	3	--	--
Marital Status			
Married	450	21	5
Divorced/Separated	147	6	3
Widowed	64	1	2
Never Married/U.C.	340	3	1
Unknown/Refused	4	--	--
Locale			
Lawrence	848	22	2
Baldwin/Eudora/ Lecompton	132	6	5
Unknown/Refused	25	3	--

* Respondent has been told by a doctor that they have diabetes.

Table E: Sedentary Lifestyle*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	969	482	48
Gender			
Male	458	223	46
Female	511	259	49
Age Group			
18-24	224	87	39
25-34	209	93	46
35-44	199	113	58
45-54	135	70	49
55-64	77	41	51
65+	122	76	60
Unknown/Refused	3	2	--
Education			
< H.S. Grad.	54	37	62
High School Grad.	222	126	54
Some College	288	134	45
College Grad.	404	185	45
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	69	25	31
\$10,000-\$19,999	139	75	52
\$20,000-\$34,999	259	136	49
\$35,000-\$49,999	177	85	46
\$50,000+	214	96	45
Unknown/Refused	111	65	56
Employment			
Employed for Wages	677	335	48
Not Emp. For Wages	61	29	48
Student	115	46	40
Retired	114	71	60
Unknown/Refused	2	1	--
Marital Status			
Married	436	228	52
Divorced/Separated	139	73	53
Widowed	60	39	66
Never Married/U.C.	330	139	40
Unknown/Refused	4	3	--
Locale			
Lawrence	825	399	47
Baldwin/Eudora/ Lecompton	120	67	51
Unknown/Refused	24	16	--

* Physical activity less than 3 times a week and/or less than 20 minutes each session

Table F: Did Not Enage in Regular Physical Activity*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	971	727	74
Gender			
Male	458	337	74
Female	513	390	75
Age Group			
18-24	223	155	71
25-34	208	149	74
35-44	199	160	81
45-54	137	105	74
55-64	78	57	70
65+	123	98	80
Unknown/Refused	3	3	--
Education			
< H.S. Grad.	54	41	69
High School Grad.	221	172	77
Some College	288	218	75
College Grad.	407	295	73
Unknown/Refused	1	1	--
Household Income			
\$0-\$9,999	70	46	64
\$10,000-\$19,999	138	105	76
\$20,000-\$34,999	260	204	78
\$35,000-\$49,999	176	136	77
\$50,000+	215	151	71
Unknown/Refused	112	85	72
Employment			
Employed for Wages	678	517	76
Not Emp. for Wages	60	45	74
Student	116	74	65
Retired	115	90	77
Unknown/Refused	2	1	--
Marital Status			
Married	436	341	77
Divorced/Separated	140	101	73
Widowed	61	48	80
Never Married/U.C.	330	233	71
Unknown/Refused	4	4	--
Locale			
Lawrence	829	616	74
Baldwin/Eudora/ Lecompton	118	88	75
Unknown/Refused	24	23	--

* Physical activity less than 5 times a week and/or less than 30 minutes each session

Table G: Binge Drinking*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	953	218	26
Gender			
Male	441	143	35
Female	512	75	18
Age Group			
18-24	219	99	44
25-34	207	69	33
35-44	199	30	13
45-54	130	13	8
55-64	82	4	4
65+	114	3	2
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	50	6	12
High School Grad.	216	35	17
Some College	286	91	36
College Grad.	400	86	25
Unknown/Refused	1	--	--
Household Income			
\$0-\$9,999	71	26	42
\$10,000-\$19,999	135	42	35
\$20,000-\$34,999	259	66	28
\$35,000-\$49,999	175	39	26
\$50,000+	211	33	18
Unknown/Refused	102	12	14
Employment			
Employed for Wages	661	161	27
Not Emp. For Wages	68	8	12
Student	116	46	41
Retired	106	3	2
Unknown/Refused	2	--	--
Marital Status			
Married	425	46	11
Divorced/Separated	139	28	20
Widowed	57	1	2
Never Married/U.C.	329	142	45
Unknown/Refused	3	1	--
Locale			
Lawrence	813	194	27
Baldwin/Eudora/ Lecompton	124	20	19
Unknown/Refused	16	4	-

* Respondent reported having at least 5 drinks on a single occasion at least once during the past month.

Table H: Chronic Drinking*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	948	53	7
Gender			
Male	441	37	10
Female	507	16	4
Age Group			
18-24	218	26	13
25-34	207	12	6
35-44	194	7	3
45-54	130	2	1
55-64	81	3	3
65+	116	3	2
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	49	-	-
High School Grad.	218	12	5
Some College	287	23	10
College Grad.	393	18	6
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	72	7	11
\$10,000-\$19,999	135	14	10
\$20,000-\$34,999	258	16	9
\$35,000-\$49,999	171	6	5
\$50,000+	211	7	4
Unknown/Refused	101	3	3
Employment			
Employed for Wages	656	27	5
Not Emp. for Wages	65	3	4
Student	117	20	19
Retired	108	3	2
Unknown/Refused	2	-	--
Marital Status			
Married	421	10	2
Divorced/Separated	139	9	6
Widowed	57	-	--
Never Married/U.C.	329	34	12
Unknown/Refused	2	-	--
Locale			
Lawrence	809	44	7
Baldwin/Eudora/ Lecompton	123	7	7
Unknown/Refused	16	2	--

* Respondent reported drinking 60 or more drinks during the past month.

Table I: Drinking and Driving*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	956	62	8
Gender			
Male	445	38	10
Female	511	24	5
Age Group			
18-24	219	30	13
25-34	207	19	9
35-44	199	9	3
45-54	131	3	2
55-64	82	1	1
65+	116	-	-
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	51	2	3
High School Grad.	217	6	2
Some College	288	30	12
College Grad.	399	24	7
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	71	10	17
\$10,000-\$19,999	135	9	6
\$20,000-\$34,999	261	22	9
\$35,000-\$49,999	175	12	8
\$50,000+	212	7	4
Unknown/Refused	102	2	4
Employment			
Employed for Wages	661	39	6
Not Emp. For Wages	68	2	3
Student	117	20	19
Retired	108	1	1
Unknown/Refused	2	-	--
Marital Status			
Married	428	6	1
Divorced/Separated	139	11	7
Widowed	57	-	-
Never Married/U.C.	329	45	15
Unknown/Refused	3	-	--
Locale			
Lawrence	814	56	8
Baldwin/Eudora/ Lecompton	126	3	2
Unknown/Refused	16	3	--

* Respondent reported driving after perhaps having too much to drink at least once during the past month

Table J: Fail To Use Safety Belt*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1002	316	34
Gender			
Male	471	198	45
Female	531	118	23
Age Group			
18-24	230	85	42
25-34	214	75	33
35-44	206	66	31
45-54	139	45	35
55-64	84	19	23
65+	126	26	21
Unknown/Refused	3	-	--
Education			
< H.S. Grad.	57	29	57
High School Grad.	229	76	35
Some College	298	111	41
College Grad.	416	100	24
Unknown/Refused	2	-	--
Household Income			
\$0-\$9,999	73	26	37
\$10,000-\$19,999	144	64	48
\$20,000-\$34,999	269	89	35
\$35,000-\$49,999	180	55	31
\$50,000+	218	53	28
Unknown/Refused	118	29	28
Employment			
Employed for Wages	695	227	35
Not Emp. for Wages	69	19	36
Student	121	45	41
Retired	114	25	23
Unknown/Refused	3	-	--
Marital Status			
Married	449	125	28
Divorced/Separated	147	42	30
Widowed	63	14	23
Never Married/U.C.	339	134	43
Unknown/Refused	4	1	--
Locale			
Lawrence	846	258	33
Baldwin/Eudora/ Lecompton	132	49	38
Unknown/Refused	24	9	--

* Respondent does not always use a safety belt

Table K: Current Cigarette Use*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1000	223	23
Gender			
Male	472	116	25
Female	528	107	20
Age Group			
18-24	230	64	28
25-34	213	49	22
35-44	206	51	24
45-54	138	34	24
55-64	84	10	12
65+	126	15	9
Unknown/Refused	3	-	--
Education			
< H.S. Grad.	58	21	32
High School Grad.	230	61	28
Some College	299	73	24
College Grad.	411	68	18
Unknown/Refused	2	-	--
Household Income			
\$0-\$9,999	73	21	21
\$10,000-\$19,999	144	49	30
\$20,000-\$34,999	270	70	27
\$35,000-\$49,999	181	35	22
\$50,000+	216	28	14
Unknown/Refused	116	20	19
Employment			
Employed for Wages	694	163	24
Not Emp. For Wages	68	17	23
Student	120	27	23
Retired	115	16	12
Unknown/Refused	3	-	--
Marital Status			
Married	448	66	15
Divorced/Separated	145	38	27
Widowed	64	11	17
Never Married/U.C.	339	108	31
Unknown/Refused	4	--	--
Locale			
Lawrence	845	195	24
Baldwin/Eudora/ Lecompton	130	24	19
Unknown/Refused	25	4	--

* Respondent reported smoking at least 100 cigarettes in their entire life and currently smoke cigarettes

Table L: Overweight*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	972	219	21
Gender			
Male	466	107	23
Female	506	112	20
Age Group			
18-24	225	28	13
25-34	211	41	21
35-44	195	47	24
45-54	137	35	27
55-64	80	31	39
65+	122	36	30
Unknown/Refused	2	1	--
Education			
< H.S. Grad.	53	21	37
High School Grad.	224	55	27
Some College	287	68	20
College Grad.	407	75	17
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	71	14	13
\$10,000-\$19,999	143	33	20
\$20,000-\$34,999	265	65	24
\$35,000-\$49,999	177	41	21
\$50,000+	213	46	22
Unknown/Refused	103	20	23
Employment			
Employed for Wages	672	148	21
Not Emp. for Wages	65	22	28
Student	121	13	13
Retired	112	36	32
Unknown/Refused	2	-	--
Marital Status			
Married	431	107	26
Divorced/Separated	144	40	29
Widowed	60	19	32
Never Married/U.C.	334	51	14
Unknown/Refused	3	2	--
Locale			
Lawrence	825	178	20
Baldwin/Eudora/ Lecompton	130	40	30
Unknown/Refused	17	1	--

* Respondent is overweight based on self-reported height and weight using the Body Mass Index (BMI). Figured using kg/m².

Table M: Lacked Recent Dental Visit*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	966	290	29
Gender			
Male	453	148	31
Female	513	142	28
Age Group			
18-24	221	54	24
25-34	210	73	34
35-44	203	60	30
45-54	133	31	26
55-64	81	26	34
65+	116	46	38
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	51	28	48
High School Grad.	221	71	34
Some College	291	78	26
College Grad.	402	112	28
Unknown/Refused	1	1	--
Household Income			
\$0-\$9,999	72	21	23
\$10,000-\$19,999	135	46	30
\$20,000-\$34,999	265	93	35
\$35,000-\$49,999	176	58	36
\$50,000+	212	39	18
Unknown/Refused	106	33	30
Employment			
Employed for Wages	674	198	30
Not Emp. For Wages	66	27	45
Student	117	24	17
Retired	107	40	37
Unknown/Refused	2	1	--
Marital Status			
Married	431	118	30
Divorced/Separated	143	48	34
Widowed	57	24	42
Never Married/U.C.	332	98	27
Unknown/Refused	3	2	--
Locale			
Lawrence	819	227	28
Baldwin/Eudora/ Lecompton	129	51	36
Unknown/Refused	18	12	--

* Respondent has not visited a dentist during the past 12 months.

Table N: Lacked Dental Coverage*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	962	362	36
Gender			
Male	453	163	34
Female	509	199	38
Age Group			
18-24	219	75	32
25-34	208	81	37
35-44	202	73	35
45-54	133	32	22
55-64	83	31	39
65+	115	70	62
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	51	30	55
High School Grad.	220	91	43
Some College	291	105	31
College Grad.	399	136	34
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	70	36	46
\$10,000-\$19,999	135	68	43
\$20,000-\$34,999	262	126	48
\$35,000-\$49,999	175	47	24
\$50,000+	213	42	20
Unknown/Refused	107	43	36
Employment			
Employed for Wages	670	226	34
Not Emp. for Wages	68	35	48
Student	116	42	27
Retired	107	59	57
Unknown/Refused	1	-	--
Marital Status			
Married	434	145	34
Divorced/Separated	143	60	42
Widowed	55	29	53
Never Married/U.C.	327	127	36
Unknown/Refused	3	1	--
Locale			
Lawrence	816	303	36
Baldwin/Eudora/ Lecompton	129	50	37
Unknown/Refused	17	9	--

* Respondent reported that they did not have any kind of dental coverage.

Table O: Needed Dental Work*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	957	193	20
Gender			
Male	450	85	18
Female	507	108	21
Age Group			
18-24	220	40	18
25-34	206	44	21
35-44	200	49	25
45-54	131	28	18
55-64	82	15	19
65+	116	17	14
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	52	13	22
High School Grad.	221	42	20
Some College	291	59	20
College Grad.	392	78	19
Unknown/Refused	1	1	--
Household Income			
\$0-\$9,999	72	16	21
\$10,000-\$19,999	135	33	24
\$20,000-\$34,999	261	56	21
\$35,000-\$49,999	173	38	20
\$50,000+	211	32	16
Unknown/Refused	105	18	15
Employment			
Employed for Wages	664	142	21
Not Emp. For Wages	66	18	24
Student	117	15	12
Retired	108	18	16
Unknown/Refused	2	-	--
Marital Status			
Married	429	77	18
Divorced/Separated	140	38	27
Widowed	58	10	18
Never Married/U.C.	327	67	20
Unknown/Refused	3	1	--
Locale			
Lawrence	812	160	19
Baldwin/Eudora/ Lecompton	128	32	25
Unknown/Refused	17	1	-

* Respondent needed one or more of the following services: fillings,

Table P: Suffered Limiting Injury*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	971	117	12
Gender			
Male	458	55	13
Female	513	62	12
Age Group			
18-24	221	27	13
25-34	209	31	15
35-44	202	23	11
45-54	134	13	10
55-64	84	7	10
65+	119	16	11
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	53	8	17
High School Grad.	220	23	13
Some College	293	36	12
College Grad.	404	50	12
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	72	12	16
\$10,000-\$19,999	137	23	17
\$20,000-\$34,999	261	25	10
\$35,000-\$49,999	179	21	13
\$50,000+	216	26	14
Unknown/Refused	106	10	7
Employment			
Employed for Wages	674	80	13
Not Emp. for Wages	68	11	17
Student	117	15	13
Retired	110	10	7
Unknown/Refused	2	1	--
Marital Status			
Married	438	42	9
Divorced/Separated	141	14	10
Widowed	57	11	19
Never Married/U.C.	332	49	15
Unknown/Refused	3	1	--
Locale			
Lawrence	824	104	13
Baldwin/Eudora/ Lecompton	127	10	8
Unknown/Refused	20	3	--

* Respondent reported that they had suffered an injury serious enough caps or crowns, root canal, teeth pulled, dentures or partials. to keep them from doing their regular activities for at least one day.

Table Q: Lacked a Recent Clinical Breast Exam*, Females Aged 20 and Older

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	503	85	18
Age Group			
20-39	257	38	18
40-49	98	13	13
50-64	70	10	14
65+	78	24	29
Education			
High School or less	145	34	22
Some College	152	26	19
College Grad.	205	24	15
Unknown/Refused	1	1	--
Household Income			
\$0-\$19,999	108	21	19
\$20,000-\$34,999	148	28	20
\$35,000-\$49,999	90	11	12
\$50,000+	98	9	10
Unknown/Refused	59	16	32
Employment			
Employed for Wages	328	42	15
Not Emp. For Wages	52	14	23
Student	57	11	23
Retired	64	17	26
Unknown/Refused	2	1	--
Marital Status			
Married	226	27	12
Divorced/Separated	89	16	18
Widowed	48	15	31
Never Married/U.C.	139	26	24
Unknown/Refused	1	1	--
Locale			
Lawrence	433	67	18
Baldwin/Eudora/ Lecompton	64	14	19
Unknown/Refused	6	4	--

* Respondent had not had a CBE within the last 2 yrs females aged 40 and older; within the last 3 years females aged 20-39.

Table R: Lacked a Recent Mammogram*, Females Aged 40 and Older

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	249	61	25
Age Group			
40-49	99	30	33
50-64	70	12	18
65+	80	19	19
Education			
High School or less	102	34	29
Some College	59	7	14
College Grad.	87	19	26
Unknown/Refused	1	1	--
Household Income			
\$0-\$19,999	38	10	23
\$20,000-\$34,999	67	15	21
\$35,000-\$49,999	49	15	32
\$50,000+	53	11	24
Unknown/Refused	42	10	24
Employment			
Employed for Wages	143	34	24
Not Emp. for Wages	34	11	37
Student	4	1	--
Retired	66	14	17
Unknown/Refused	2	1	--
Marital Status			
Married	137	29	22
Divorced/Separated	54	14	28
Widowed	49	16	33
Never Married/U.C.	8	1	--
Unknown/Refused	1	1	--
Locale			
Lawrence	206	42	20
Baldwin/Eudora/ Lecompton	39	17	43
Unknown/Refused	4	2	--

* Respondent reported that they had not had a mammogram within the past two years.

Table S: Lacked Both a Recent Mammogram and a Recent Clinical Breast Exam, Females Aged 40 and Older

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	248	80	33
Age Group			
40-49	99	35	39
50-64	70	15	22
65+	79	30	34
Education			
High School or less	102	41	37
Some College	59	12	22
College Grad.	86	26	34
Unknown/Refused	1	1	--
Household Income			
\$0-\$19,999	38	12	27
\$20,000-\$34,999	67	23	33
\$35,000-\$49,999	49	18	38
\$50,000+	53	12	26
Unknown/Refused	41	15	--
Employment			
Employed for Wages	143	40	28
Not Emp. For Wages	34	14	45
Student	4	1	--
Retired	65	23	33
Unknown/Refused	2	2	--
Marital Status			
Married	137	38	30
Divorced/Separated	54	18	35
Widowed	48	22	46
Never Married/U.C.	8	1	--
Unknown/Refused	1	1	--
Locale			
Lawrence	205	53	24
Baldwin/Eudora/ Lecompton	39	23	63
Unknown/Refused	4	4	--

* Respondent did not have both a mammogram and/or a clinical breast exam within the last two years.

Table T: Lack a Recent Pap Smear Test*, Females With a Uterine Cervix

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	443	51	11
Age Group			
18-24	115	14	11
25-34	99	7	7
35-44	95	10	10
45-54	57	1	2
55-64	29	5	17
65+	47	13	23
Unknown/Refused	1	1	--
Education			
High School or less	113	21	15
Some College	142	15	12
College Grad.	187	15	7
Unknown/Refused	1	--	--
Household Income			
\$0-\$19,999	97	15	15
\$20,000-\$34,999	134	17	10
\$35,000-\$49,999	73	5	6
\$50,000+	87	3	3
Unknown/Refused	52	11	21
Employment			
Employed for Wages	298	23	7
Not Emp. for Wages	42	7	16
Student	66	12	17
Retired	36	9	21
Unknown/Refused	1	--	--
Marital Status			
Married	185	14	7
Divorced/Separated	75	11	15
Widowed	29	7	24
Never Married/U.C.	153	18	12
Unknown/Refused	1	1	--
Locale			
Lawrence	383	43	11
Baldwin/Eudora/ Lecompton	56	6	7
Unknown/Refused	4	2	--

* Respondent did not have a Pap Smear Test within the last two years.

Table U: Sad, Blue, or Depressed*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	942	71	7
Gender			
Male	447	26	6
Female	495	45	7
Age Group			
18-24	221	12	5
25-34	208	6	3
35-44	196	21	11
45-54	130	14	11
55-64	77	7	9
65+	108	11	9
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	45	9	14
High School Grad.	210	23	11
Some College	283	17	5
College Grad.	403	22	5
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	70	7	6
\$10,000-\$19,999	135	15	9
\$20,000-\$34,999	260	18	7
\$35,000-\$49,999	171	8	4
\$50,000+	212	10	4
Unknown/Refused	94	13	13
Employment			
Employed for Wages	660	42	6
Not Emp. For Wages	64	11	15
Student	118	8	7
Retired	100	10	8
Marital Status			
Married	425	26	6
Divorced/Separated	138	17	12
Widowed	51	8	16
Never Married/U.C.	325	20	5
Unknown/Refused	3	-	--
Locale			
Lawrence	805	56	6
Baldwin/Eudora/ Lecompton	121	12	8
Unknown/Refused	16	3	-

* Respondents who reported being sad, blue, or depressed fourteen or more days during the past thirty days.

Table V: Worried, Tense, or Anxious*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	944	156	16
Gender			
Male	448	64	15
Female	496	92	18
Age Group			
18-24	222	41	19
25-34	210	37	16
35-44	193	31	17
45-54	131	31	20
55-64	79	11	14
65+	107	5	4
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	49	10	17
High School Grad.	207	27	13
Some College	285	49	17
College Grad.	402	70	17
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	69	23	27
\$10,000-\$19,999	139	25	15
\$20,000-\$34,999	255	37	15
\$35,000-\$49,999	174	26	18
\$50,000+	213	33	14
Unknown/Refused	94	12	13
Employment			
Employed for Wages	659	107	16
Not Emp. for Wages	64	17	22
Student	119	26	21
Retired	100	6	5
Unknown/Refused	2	-	--
Marital Status			
Married	424	53	12
Divorced/Separated	138	27	19
Widowed	53	7	12
Never Married/U.C.	326	69	21
Unknown/Refused	3	-	--
Locale			
Lawrence	800	135	17
Baldwin/Eudora/ Lecompton	124	17	12
Unknown/Refused	20	4	--

* Respondents who reported being worried, tense, or anxious fourteen or more days during the past thirty days.

Table W: Not Enough Rest or Sleep*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	960	281	31
Gender			
Male	453	121	27
Female	507	160	34
Age Group			
18-24	225	97	41
25-34	211	65	30
35-44	196	57	29
45-54	134	36	26
55-64	80	16	20
65+	112	10	10
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	48	15	34
High School Grad.	217	57	29
Some College	292	87	30
College Grad.	402	122	31
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	71	33	39
\$10,000-\$19,999	138	51	41
\$20,000-\$34,999	261	56	24
\$35,000-\$49,999	178	57	34
\$50,000+	216	61	27
Unknown/Refused	96	23	26
Employment			
Employed for Wages	670	200	31
Not Emp. For Wages	66	23	36
Student	120	49	37
Retired	102	9	8
Unknown/Refused	2	-	--
Marital Status			
Married	432	103	24
Divorced/Separated	146	43	33
Widowed	52	4	8
Never Married/U.C.	328	131	39
Unknown/Refused	2	-	--
Locale			
Lawrence	817	243	32
Baldwin/Eudora/ Lecompton	124	34	26
Unknown/Refused	19	4	--

* Respondents who reported that they did not get enough rest or sleep for fourteen or more days during the past thirty days.

Table X: Not Very Healthy and Full of Energy*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	941	391	43
Gender			
Male	446	171	40
Female	495	220	46
Age Group			
18-24	222	117	53
25-34	207	84	39
35-44	197	75	37
45-54	133	48	34
55-64	75	29	38
65+	105	38	37
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	50	25	53
High School Grad.	203	84	45
Some College	286	115	40
College Grad.	401	167	43
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	71	44	56
\$10,000-\$19,999	137	73	54
\$20,000-\$34,999	256	99	41
\$35,000-\$49,999	175	63	39
\$50,000+	215	77	34
Unknown/Refused	87	35	44
Employment			
Employed for Wages	662	257	39
Not Emp. for Wages	63	35	57
Student	117	63	55
Retired	98	36	37
Unknown/Refused	1	-	--
Marital Status			
Married	424	152	36
Divorced/Separated	143	54	38
Widowed	51	19	35
Never Married/U.C.	322	166	52
Unknown/Refused	1	-	--
Locale			
Lawrence	801	335	43
Baldwin/Eudora/ Lecompton	124	46	34
Unknown/Refused	16	10	--

* Respondents who reported that they did not feel very healthy and full of energy for fourteen or more days during the past thirty days.

Table Y: Any Activity Limitation*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	991	182	16
Gender			
Male	468	63	12
Female	523	119	21
Age Group			
18-24	227	26	10
25-34	213	17	7
35-44	203	33	15
45-54	139	22	15
55-64	84	30	41
65+	123	54	41
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	56	33	51
High School Grad.	227	48	21
Some College	298	48	12
College Grad.	409	53	12
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	73	16	14
\$10,000-\$19,999	143	38	22
\$20,000-\$34,999	270	46	15
\$35,000-\$49,999	179	34	17
\$50,000+	217	21	9
Unknown/Refused	109	27	23
Employment			
Employed for Wages	686	81	10
Not Emp. For Wages	69	29	43
Student	121	19	15
Retired	113	52	45
Unknown/Refused	2	1	--
Marital Status			
Married	446	80	18
Divorced/Separated	146	26	17
Widowed	60	30	52
Never Married/U.C.	336	44	11
Unknown/Refused	3	2	--
Locale			
Lawrence	839	144	15
Baldwin/Eudora/ Lecompton	132	32	22
Unknown/Refused	20	6	--

* Respondent reported that they had one or more of the following limitations: were limited in the kind or amount of work they could do; had trouble learning, remembering, or concentrating; needed special equipment or help to get around, or had any impairment or health problem which limited their activities.

Table Z: Routine Care Limitation*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	990	34	3
Gender			
Male	468	6	1
Female	522	28	4
Age Group			
18-24	227	1	1
25-34	213	2	1
35-44	203	6	3
45-54	139	2	1
55-64	84	8	11
65+	122	15	9
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	55	9	12
High School Grad.	227	12	4
Some College	298	6	1
College Grad.	409	7	2
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	73	4	2
\$10,000-\$19,999	142	9	5
\$20,000-\$34,999	270	9	2
\$35,000-\$49,999	179	6	4
\$50,000+	217	-	-
Unknown/Refused	109	6	4
Employment			
Employed for Wages	686	10	1
Not Emp. for Wages	69	7	10
Student	121	-	-
Retired	112	17	13
Unknown/Refused	2	-	--
Marital Status			
Married	446	14	3
Divorced/Separated	146	5	3
Widowed	59	12	21
Never Married/U.C.	336	2	1
Unknown/Refused	3	1	--
Locale			
Lawrence	838	26	2
Baldwin/Eudora/ Lecompton	132	6	4
Unknown/Refused	20	2	--

* Respondent reported that they needed help with routine needs such as everyday household chores, necessary business, shopping, or getting around for other purposes.

Table AA: Personal Care Limitations*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	990	10	1
Gender			
Male	468	3	1
Female	522	7	1
Age Group			
18-24	227	-	-
25-34	213	-	-
35-44	203	4	2
45-54	139	-	-
55-64	84	1	1
65+	122	5	3
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	55	4	6
High School Grad.	227	5	2
Some College	298	-	-
College Grad.	409	1	0.3
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	73	1	1
\$10,000-\$19,999	142	4	2
\$20,000-\$34,999	270	-	-
\$35,000-\$49,999	179	3	2
\$50,000+	217	-	-
Unknown/Refused	109	2	1
Employment			
Employed for Wages	686	3	0.4
Not Emp. For Wages	69	2	3
Student	121	-	-
Retired	112	4	3
Unknown/Refused	2	1	--
Marital Status			
Married	446	5	1
Divorced/Separated	146	1	1
Widowed	59	3	4
Never Married/U.C.	336	1	0.2
Unknown/Refused	3	-	--
Locale			
Lawrence	838	6	1
Baldwin/Eudora/ Lecompton	132	2	2
Unknown/Refused	20	2	-

* Respondents who reported that they needed help with personal care needs such as eating, bathing, dressing, or getting around the house.

Table BB: Afraid to Leave Home at Night*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	953	219	23
Gender			
Male	446	47	10
Female	507	172	34
Age Group			
18-24	217	55	25
25-34	204	43	21
35-44	200	41	20
45-54	132	26	18
55-64	84	22	25
65+	114	32	26
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	49	14	25
High School Grad.	213	54	25
Some College	287	65	22
College Grad.	403	86	22
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	72	17	20
\$10,000-\$19,999	133	38	27
\$20,000-\$34,999	257	56	22
\$35,000-\$49,999	176	32	20
\$50,000+	213	47	22
Unknown/Refused	102	29	24
Employment			
Employed for Wages	662	138	20
Not Emp. for Wages	65	20	28
Student	117	28	27
Retired	107	32	29
Unknown/Refused	2	1	--
Marital Status			
Married	425	87	21
Divorced/Separated	142	36	23
Widowed	55	18	32
Never Married/U.C.	328	77	23
Unknown/Refused	3	1	--
Locale			
Lawrence	810	193	23
Baldwin/Eudora/ Lecompton	124	22	18
Unknown/Refused	19	4	--

* Respondents who were very afraid, somewhat afraid, or a little afraid to leave home at night.

Table CC: Violent Neighborhood*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	948	71	8
Gender			
Male	444	41	10
Female	504	30	6
Age Group			
18-24	214	25	11
25-34	204	16	7
35-44	199	15	7
45-54	132	6	7
55-64	84	5	5
65+	113	4	5
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	46	1	2
High School Grad.	215	13	6
Some College	284	31	14
College Grad.	402	26	6
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	71	6	8
\$10,000-\$19,999	134	17	11
\$20,000-\$34,999	252	17	9
\$35,000-\$49,999	177	13	10
\$50,000+	212	12	5
Unknown/Refused	102	6	6
Employment			
Employed for Wages	658	47	7
Not Emp. For Wages	67	5	8
Student	115	14	14
Retired	106	5	5
Unknown/Refused	2	-	--
Marital Status			
Married	425	25	6
Divorced/Separated	141	8	6
Widowed	54	-	-
Never Married/U.C.	325	38	12
Unknown/Refused	3	-	--
Locale			
Lawrence	808	61	8
Baldwin/Eudora/ Lecompton	122	8	7
Unknown/Refused	18	2	-

* Respondent reported seeing a violent crime (someone hurting or trying to hurt someone else) during the past year.

Table DD: Known Abused Partner*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	956	155	16
Gender			
Male	448	76	17
Female	508	79	16
Age Group			
18-24	218	47	21
25-34	204	34	16
35-44	200	38	17
45-54	132	27	21
55-64	84	4	5
65+	116	5	4
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	50	5	13
High School Grad.	214	28	16
Some College	288	50	17
College Grad.	403	72	17
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	72	12	15
\$10,000-\$19,999	135	24	19
\$20,000-\$34,999	256	42	18
\$35,000-\$49,999	177	34	19
\$50,000+	213	32	14
Unknown/Refused	103	11	10
Employment			
Employed for Wages	662	125	18
Not Emp. for Wages	66	7	11
Student	117	19	17
Retired	109	4	3
Unknown/Refused	2	-	--
Marital Status			
Married	426	52	11
Divorced/Separated	142	28	19
Widowed	56	4	6
Never Married/U.C.	329	71	21
Unknown/Refused	3	-	--
Locale			
Lawrence	814	136	17
Baldwin/Eudora/ Lecompton	123	17	13
Unknown/Refused	19	2	--

* Respondent reported they had known or seen someone during the past year who was beaten or otherwise hurt by a spouse or partner.

Table EE: Persons Aged 65 and Older Who Lacked a Recent Influenza Vaccination*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	124	47	35
Gender			
Male	41	15	33
Female	83	32	36
Age Group			
65-74	75	28	34
75+	49	19	37
Education			
High School or Less	73	32	40
Greater than High School	51	15	27
Household Income			
\$0-\$24,999	52	21	39
\$25,000+	45	14	28
Unknown/Refused	27	12	42
Employment			
Retired	96	36	33
Other	27	11	41
Unknown/Refused	1	--	--
Marital Status			
Married	56	13	25
Divorced/Separated/ Never Married/U.C.	17	11	66
Widowed	50	23	47
Unknown/Refused	1	--	--
Locale			
Lawrence	98	35	34
Baldwin/Eudora/ Lecompton	22	11	43
Unknown/Refused	4	1	-

Table FF: Persons Aged 65 and Older Who Had Never Received a Pneumonia Vaccination

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	123	65	52
Gender			
Male	40	22	52
Female	83	43	52
Age Group			
65-74	74	42	55
75+	49	23	48
Education			
High School or less	73	42	57
Greater than High School	50	23	45
Household Income			
\$0-\$24,999	52	28	56
\$25,000+	44	23	49
Unknown/Refused	27	14	52
Employment			
Retired	95	46	47
Other	27	18	67
Unknown/Refused	1	1	--
Marital Status			
Married	56	29	51
Divorced/Separated/ Never Married/U.C.	16	11	71
Widowed	50	24	47
Unknown/Refused	1	1	--
Locale			
Lawrence	97	54	57
Baldwin/Eudora/ Lecompton	22	10	40
Unknown/Refused	4	1	--

* Respondents who had not received an influenza vaccination during the past twelve months.

Table GG: Smokeless Tobacco Use Males

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	471	37	8
Age Group			
18-24	112	8	8
25-34	115	16	13
35-44	99	2	2
45-54	63	4	6
55-64	38	4	12
65 +	42	3	6
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	28	5	18
High School Grad.	94	9	8
Some College	142	12	10
College Grad.	206	11	5
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	37	2	5
\$10,000-\$19,999	64	3	2
\$20,000-\$34,999	117	14	12
\$35,000-\$49,999	90	7	12
\$50,000+	119	7	7
Unknown/Refused	44	4	7
Employment			
Employed for Wages	357	28	8
Not Emp. For Wages	16	1	--
Student	54	5	12
Retired	43	3	6
Unknown/Refused	1	-	--
Marital Status			
Married	218	18	9
Divorced/Separated	56	5	10
Widowed	11	1	-
Never Married/U.C.	183	13	7
Unknown/Refused	3	-	--
Locale			
Lawrence	394	24	6
Baldwin/Eudora/ Lecompton	63	11	17
Unknown/Refused	14	2	-

Table HH: HIV/AIDS At Risk*
Persons Aged 18 to 64

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	860	37	5
Gender			
Male	425	18	5
Female	435	19	4
Age Group			
18-24	223	15	7
25-34	214	8	4
35-44	203	8	3
45-54	137	4	4
55-64	81	2	3
Unknown/Refused	2	-	--
Education			
< H.S. Grad.	29	3	12
High School Grad.	176	6	3
Some College	274	15	7
College Grad.	381	13	3
Household Income			
\$0-\$9,999	63	2	3
\$10,000-\$19,999	119	6	3
\$20,000-\$34,999	224	10	5
\$35,000-\$49,999	166	11	7
\$50,000+	205	3	1
Unknown/Refused	83	5	9
Employment			
Employed for Wages	665	27	4
Not Emp. for Wages	58	1	1
Student	118	9	10
Retired	18	-	-
Unknown/Refused	1	-	--
Marital Status			
Married	387	9	3
Divorced/Separated	130	9	6
Widowed	12	-	-
Never Married/U.C.	328	19	7
Unknown/Refused	3	-	--
Locale			
Lawrence	737	31	5
Baldwin/Eudora/ Lecompton	108	5	4
Unknown/Refused	15	1	--

* Self-reported risk of contracting HIV was medium or high.

Table II: Lacked Health Care Coverage*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	999	104	10
Gender			
Male	472	48	10
Female	527	56	10
Age Group			
18-24	226	33	12
25-34	215	35	14
35-44	206	22	11
45-54	139	7	4
55-64	84	5	5
65+	127	2	2
Unknown/Refused	2	--	--
Education			
< H.S. Grad.	58	10	21
High School Grad.	228	24	10
Some College	296	35	10
College Grad.	415	35	9
Unknown/Refused	2	--	--
Household Income			
\$0-\$9,999	72	14	18
\$10,000-\$19,999	141	33	21
\$20,000-\$34,999	271	36	12
\$35,000-\$49,999	181	9	4
\$50,000+	218	2	2
Unknown/Refused	116	10	10
Employment			
Employed for Wages	694	76	11
Not Emp. For Wages	69	5	7
Student	119	22	12
Retired	114	1	1
Unknown/Refused	3	--	--
Marital Status			
Married	450	24	5
Divorced/Separated	145	19	16
Widowed	64	2	3
Never Married/U.C.	336	59	15
Unknown/Refused	4	--	--
Locale			
Lawrence	844	90	11
Baldwin/Eudora/ Lecompton	131	10	9
Unknown/Refused	24	4	--

* Respondent did not have any kind of health care coverage including private insurance, HMOs, and government plans such as Medicare.

Table JJ: Lacked Usual Source of Health Care*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	970	208	24
Gender			
Male	452	124	30
Female	518	84	18
Age Group			
18-24	221	75	35
25-34	210	58	26
35-44	201	37	18
45-54	133	13	10
55-64	83	10	12
65+	120	14	9
Unknown/Refused	2	1	--
Education			
< H.S. Grad.	52	8	21
High School Grad.	223	52	23
Some College	292	71	26
College Grad.	402	77	23
Unknown/Refused	1	-	--
Household Income			
\$0-\$9,999	73	16	25
\$10,000-\$19,999	137	42	30
\$20,000-\$34,999	266	70	27
\$35,000-\$49,999	174	32	22
\$50,000+	213	25	12
Unknown/Refused	107	23	30
Employment			
Employed for Wages	671	157	26
Not Emp. for Wages	69	13	20
Student	117	28	26
Retired	111	10	8
Unknown/Refused	2	-	--
Marital Status			
Married	435	62	16
Divorced/Separated	142	32	24
Widowed	60	8	13
Never Married/U.C.	330	105	33
Unknown/Refused	3	1	--
Locale			
Lawrence	824	177	23
Baldwin/Eudora/ Lecompton	130	27	22
Unknown/Refused	16	4	--

* Respondent reported that they did not have a single source of health care that they usually went to when they were sick or needed advice about their health.

Table KK: Unable to See a Doctor Due to the Cost

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	1002	95	9
Gender			
Male	473	33	6
Female	529	62	13
Age Group			
18-24	230	17	7
25-34	214	25	12
35-44	206	27	14
45-54	138	11	6
55-64	84	6	9
65+	127	9	7
Unknown/Refused	3	--	--
Education			
< H.S. Grad.	58	12	21
High School Grad.	230	26	12
Some College	297	21	6
College Grad.	415	35	9
Unknown/Refused	2	1	--
Household Income			
\$0-\$9,999	73	10	10
\$10,000-\$19,999	144	26	18
\$20,000-\$34,999	268	30	11
\$35,000-\$49,999	181	9	4
\$50,000+	218	9	4
Unknown/Refused	118	11	10
Employment			
Employed for Wages	693	70	11
Not Emp. For Wages	69	14	20
Student	121	4	2
Retired	116	6	4
Unknown/Refused	3	1	--
Marital Status			
Married	450	37	9
Divorced/Separated	146	26	19
Widowed	63	4	7
Never Married/U.C.	339	28	8
Unknown/Refused	4	--	--
Locale			
Lawrence	845	78	9
Baldwin/Eudora/ Lecompton	132	11	8
Unknown/Refused	25	6	--

Table LL: Did Not Wash Hands*

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	966	263	28
Gender			
Male	454	168	38
Female	512	95	19
Age Group			
18-24	219	75	33
25-34	209	67	32
35-44	201	47	23
45-54	134	32	22
55-64	83	19	22
65+	118	23	20
Unknown/Refused	2	--	--
Education			
< H.S. Grad.	51	14	24
High School Grad.	218	48	24
Some College	292	82	29
College Grad.	404	119	31
Unknown/Refused	1	--	--
Household Income			
\$0-\$9,999	72	25	43
\$10,000-\$19,999	135	42	31
\$20,000-\$34,999	262	62	25
\$35,000-\$49,999	179	49	28
\$50,000+	214	67	30
Unknown/Refused	104	18	19
Employment			
Employed for Wages	669	184	29
Not Emp. for Wages	68	13	18
Student	118	40	31
Retired	110	25	23
Unknown/Refused	1	1	--
Marital Status			
Married	434	116	26
Divorced/Separated	142	26	17
Widowed	57	9	16
Never Married/U.C.	330	111	33
Unknown/Refused	3	1	--
Locale			
Lawrence	821	225	29
Baldwin/Eudora/ Lecompton	126	29	25
Unknown/Refused	19	9	--

* Respondents who reported that they did not always wash their hands

Table MM: Lacked Working
Smoke Detector

Demographic Characteristics	Total Sample Size	Number At Risk	Population At Risk
	N	n	%
Total	955	93	10
Gender			
Male	447	47	11
Female	508	46	9
Age Group			
18-24	218	27	12
25-34	206	23	10
35-44	200	15	7
45-54	132	9	8
55-64	84	8	10
65+	113	11	9
Unknown/Refused	2	--	--
Education			
< H.S. Grad.	47	9	23
High School Grad.	214	15	6
Some College	288	32	11
College Grad.	405	37	10
Unknown/Refused	1	--	--
Household Income			
\$0-\$9,999	71	12	14
\$10,000-\$19,999	135	21	14
\$20,000-\$34,999	257	29	12
\$35,000-\$49,999	177	16	9
\$50,000+	213	12	7
Unknown/Refused	102	3	5
Employment			
Employed for Wages	661	63	10
Not Emp. For Wages	68	3	6
Student	118	16	11
Retired	107	11	9
Unknown/Refused	1	--	--
Marital Status			
Married	426	27	7
Divorced/Separated	142	12	9
Widowed	55	8	14
Never Married/U.C.	329	46	14
Unknown/Refused	3	--	--
Locale			
Lawrence	813	78	11
Baldwin/Eudora/ Lecompton	124	12	8
Unknown/Refused	18	3	--